| Fill in this information to identify your case: | |
|---|--|
| United States Bankruptcy Court for the: Eastern District of California | |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | |
|----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, | Patrick First name | First name |
| | your driver's license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Whalan Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | Patrick | |
| | have used in the last 8 years | First name Timothy | First name |
| | Include your married or maiden names. | Middle name Whalan | Middle name |
| | | Last name Patrick | Last name |
| | | First name | First name |
| | | Middle name Whalan | Middle name |
| | | Last name | Last name |
| | | | |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>0</u> <u>4</u> <u>6</u> <u>6</u> | xxx - xx |
| | number or federal Individual Taxpayer Identification number | OR 9 xx - xx | OR 9 xx - xx |
| | (ITIN) | | |

Debtor 1 Patrick Whalan Case number (if known) Last Name

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | Business name Business name EIN EIN | I have not used any business names or EINs. n/a Business name Business name EIN EIN |
| 5. | Where you live | 1240 S McCall Number Street | If Debtor 2 lives at a different address: |
| | | Ridgecrest CA 93555 City State ZIP Code Kern County If your mailing address is different from the one above, fill it in here. Note that the court will send | n/a City State ZIP Code n/a County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send |
| | | any notices to you at this mailing address. Same Number Street P.O. Box City State ZIP Code | any notices to this mailing address. n/a Number Street P.O. Box City State ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

| Del | btor 1 Patrick | | Whalan | | Case number (if kn | nown) |
|-----|---|---|--|--|--|--|
| | First Name Middle Nam | е | Last Name | | | |
| Pa | art 2: Tell the Court Abou | t Your B | ankruptcy Case | | | |
| 7. | The chapter of the Bankruptcy Code you | | | ription of each, see <i>Notic</i> Also, go to the top of pa | | U.S.C. § 342(b) for Individuals Filing appropriate box. |
| | are choosing to file under | ☑ Chap | oter 7 | | | |
| | undoi | ☐ Chap | oter 11 | | | |
| | | ☐ Chap | oter 12 | | | |
| | | ☐ Chap | oter 13 | | | |
| 8. | How you will pay the fee | local your subm with I nee Appl I req By la less pay to | court for more de self, you may pay nitting your payme a pre-printed addred to pay the fee ication for Individuals that my fee law, a judge may, but than 150% of the he fee in installment. | tails about how you me with cash, cashier's clent on your behalf, your ess. in installments. If you als to Pay The Filing to be waived (You may but is not required to, wofficial poverty line that | ay pay. Typicall heck, or money ir attorney may pure choose this op Fee in Installme request this optivaive your fee, at applies to you is option, you m | eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check of tion, sign and attach the ents (Official Form 103A). Identify the control of the control |
| 9. | Have you filed for bankruptcy within the last 8 years? | ☑ No ☐ Yes. | District District | | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☑ No □ Yes. | District | When | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| 11. | Do you rent your residence? | ☑ No. ☐ Yes. | residence? No. Go to line 1 | 12. tial Statement About an L | | and do you want to stay in your t Against You (Form 101A) and file it with |

| Del | otor 1 Patrick | | nalan | c | case number (if known) |) | |
|-----|--|---|---|--|---|---|---|
| | First Name Middle Nam | e Last Name | | | | | |
| | | | | | | | |
| Pa | rt 3: Report About Any E | Susinesses You | Own as a Sol | e Proprietor | | | |
| | Ana vari a cala muamulatan | | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time | No. Go to Part | 4. | | | | |
| | business? | ☐ Yes. Name and | d location of bus | siness | | | |
| | A sole proprietorship is a business you operate as an | | | | | | |
| | individual, and is not a | Name of b | usiness, if any | | | | |
| | separate legal entity such as a corporation, partnership, or | Niverban | Oter- et | | | | |
| | LLC. | Number | Street | | | | |
| | If you have more than one sole proprietorship, use a | | | | | | |
| | separate sheet and attach it to this petition. | | | | | | |
| | | City | | | State | ZIP Code | |
| | | Check the | e appropriate bo | ox to describe your busi | ness: | | |
| | | _ | | s (as defined in 11 U.S. | | | |
| | | ☐ Single | e Asset Real Es | tate (as defined in 11 U | .S.C. § 101(51B) |) | |
| | | ☐ Stock | broker (as defin | ed in 11 U.S.C. § 101(5 | 53A)) | | |
| | | ☐ Comr | nodity Broker (a | s defined in 11 U.S.C. | § 101(6)) | | |
| | | ☐ None | of the above | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i> For a definition of <i>small</i> <i>business debtor</i> , see 11 U.S.C. § 101(51D). | can set appropriat most recent balan any of these docu No. I am not f No. I am filing the Banki | the deadlines. If you can sheet, staten ments do not extend illing under Chapter ruptcy Code. | rou indicate that you are nent of operations, cash cist, follow the procedure oter 11. 11, but I am NOT a sm | e a small business n-flow statement, e in 11 U.S.C. § 1 | small business debtor so that it s debtor, you must attach your and federal income tax return or if 1116(1)(B). or according to the definition in cording to the definition in the | f |
| Pa | rt 4: Report if You Own | or Have Any Haz | ardous Prope | erty or Any Property | y That Needs I | Immediate Attention | |
| | | _ | | | | | |
| 14. | Do you own or have any property that poses or is | No No | | | | | |
| | alleged to pose a threat of imminent and | ☐ Yes. What is | the hazard? | | | | |
| | identifiable hazard to | | | | | | |
| | public health or safety? Or do you own any | | | | | | |
| | property that needs | If immed | liate attention is | needed why is it need | led? | | |
| | immediate attention? For example, do you own | | | , | | | |
| | perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | | | |
| | O | Where i | s the property? | | | | |
| | | | | Number Street | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | City | | State ZIP Code | |

Debtor 1

| atrick | Whalan | |
|--------|--------|--|
| | | |

Case number (if known)____

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am | not | require | ed to | recei | ive a | briefing | about |
|------|-------|---------|-------|-------|-------|----------|-------|
| cred | it co | unseli | ng b | ecaus | se of | : | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| _ | I received a briefing from an approved credit |
|---|--|
| | counseling agency within the 180 days before I |
| | filed this bankruptcy petition, and I received a |
| | certificate of completion. |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing | about |
|---|-------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Patrick | Whalan | Case nu | ımber (if known) | |
|-----|---|---|--|--------------------------------------|--|
| | First Name Middle Name | e Last Name | | | |
| | | | | | |
| Pa | art 6: Answer These Ques | stions for Reporting Purposes | | | |
| 16. | What kind of debts do | 16a. Are your debts primarily o as "incurred by an individual pr | | | |
| | you have? | ☑ No. Go to line 16b.☑ Yes. Go to line 17. | | | |
| | | 16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | |
| | | ☐ No. Go to line 16c.☐ Yes. Go to line 17. | | | |
| | | 16c. State the type of debts you owe | e that are not consumer del | ots or business | debts. |
| | | | | | |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Chapte | er 7. Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | Yes. I am filing under Chapter 7. administrative expenses and | Do you estimate that after e paid that funds will be ava | any exempt pro ailable to distrib | pperty is excluded and ute to unsecured creditors? |
| | are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | | |
| 18. | How many creditors do you estimate that you | ✓ 1-49 → 50-99 | 1,000-5,000 5,001-10,000 | | 25,001-50,000 50,001-100,000 |
| | owe? | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | | ☐ More than 100,000 |
| 19. | How much do you estimate your assets to | □ \$0-\$50,000 □ \$50,001-\$100,000 | \$1,000,001-\$10 million \$10,000,001-\$50 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion |
| | be worth? | ✓ \$100,001-\$500,000 ✓ \$500,001-\$1 million | \$50,000,001-\$100 mill \$100,000,001-\$500 mil | ion | □ \$10,000,000,001-\$50 billion □ More than \$50 billion |
| 20. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | | □ \$500,000,001-\$1 billion |
| | estimate your liabilities to be? | \$50,001-\$100,000 \$100,001-\$500,000 | □ \$10,000,001-\$50 millio □ \$50,000,001-\$100 mill | | □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion |
| Do | rt 7: Sign Below | □ \$500,001-\$1 million | □ \$100,000,001-\$500 mi | illion | ☐ More than \$50 billion |
| | or you | I have examined this petition, and I | declare under penalty of pe | rjury that the in | formation provided is true and |
| | n you | correct. If I have chosen to file under Chapte | | | |
| | | of title 11, United States Code. I und under Chapter 7. | derstand the reliet available | under each cha | apter, and I choose to proceed |
| | | If no attorney represents me and I d this document, I have obtained and | | | |
| | | I request relief in accordance with the | ne chapter of title 11, United | States Code, s | specified in this petition. |
| | | I understand making a false statement with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and | fines up to \$250,000, or im | | |
| | | ✗ /s/Patrick Whalan | × | • | |
| | | Signature of Debtor 1 | | Signature of De | ebtor 2 |
| | | Executed on 10/15/2019 MM / DD / YYYY | <u>Y</u> | Executed on _ | MM / DD /YYYY |

| Debtor 1 Patrick First Name Middle Name | Whalan Last Name | Case number (if known) | |
|---|--|--|--|
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page. | I, the attorney for the debtor(s) named it to proceed under Chapter 7, 11, 12, or available under each chapter for which the notice required by 11 U.S.C. § 342(knowledge after an inquiry that the information of the company of the c | 13 of title 11, United States Code, and the person is eligible. I also certify th b) and, in a case in which § 707(b)(4) | d have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no |
| | Ashton E. Dunn Printed name Law Office of Ashton E. Dur Firm name 121 S China Lake Blvd Ste. Number Street | | |
| | Ridgecrest | CA State | 93555 ZIP Code |
| | City Contact phone (760) 375-6100 | | ashtdu@yahoo.com |
| | 204279 Bar number | CA State | |

Certificate Number: 16199-CAE-CC-033846880



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 18, 2019</u>, at <u>10:19</u> o'clock <u>AM EST</u>, <u>Patrick Timothy Whalan</u> received from <u>CC Advising, Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Eastern District of California</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 18, 2019 By: /s/Brianna Strassenburg for Catherine Paurnia

Name: Catherine Paurnia

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

| Fill in this information to identify your case and this filing: | | | | | |
|--|---------------|-------------|-----------|--|--|
| Debtor 1 | Patrick | | Whalan | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Eastern District of California | | | | | |
| Case number | · | | | | |
| | Case Halliser | | | | |

Official Form 106A/B

Schedule A/B: Property

12/15

Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ■ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ✓ Single-family home 1240 S McCall St Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the ■ Manufactured or mobile home entire property? portion you own? ☐ Land 192,381.00 96,190.50 Investment property Ridgecrest CA 93555 Describe the nature of your ownership ■ Timeshare City State 7IP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Fee Simple Interest Debtor 1 only Kern Debtor 2 only County ☐ Check if this is community property Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. ☐ Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the portion you own? ■ Manufactured or mobile home entire property? Land ■ Investment property Describe the nature of your ownership City State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: _

| | 20-10125 | |
|--------|----------|--|
| Whalan | | |

Doc 1 Case number (if known)

| 1. | Street address, if available, or other description | | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
|----------------------|---|--|--|---|---|--|
| | | • | Condominium or cooperative | Current value of the entire property? | Current value of the portion you own? | |
| | | | ☐ Manufactured or mobile home ☐ Land | \$ | \$ | |
| | City | State ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by | |
| | County | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | (see instructions) em, such as local | ommunity property | |
| | | | II of your entries from Part 1, including any entries | | \$96,190.50 | |
| - | u own, lease, or have le | gal or equitable intere | st in any vehicles, whether they are registered or | | s | |
| Do you ow 3. Cai | u own, lease, or have le | gal or equitable intereses. If you lease a vehicle | e, also report it on Schedule G: Executory Contracts | | S | |
| Do you ow 3. Cai | u own, lease, or have leg on that someone else drivers, vans, trucks, tractors No Yes | gal or equitable intereses. If you lease a vehicle | who has an interest in the property? Check one. | | aims or exemptions. Put | |
| Do you ow 3. Cai | u own, lease, or have lead in that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles | e, also report it on Schedule G: Executory Contracts as, motorcycles Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secure | aims or exemptions. Put | |
| Do you ow 3. Cai | u own, lease, or have legate that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Toyota Hilander 2004 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured class the amount of any secure Creditors Who Have Clair | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the | |
| Do you ow 3. Cai | w own, lease, or have legate that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Toyota Hilander 2004 177,791 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own? | |
| Do you ow 3. Cai | w own, lease, or have lead in that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: Utility 4D 2WD | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Toyota Hilander 2004 177,791 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put to claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ | |
| Do you ow 3. Cal 3.1 | wown, lease, or have legan that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: Utility 4D 2WD ou own or have more than Make: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Toyota Hilander 2004 177,791 In one, describe here: Motorcycle | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured class. Do not deduct secured class. Current value of the entire property? \$ 2,500.00 Do not deduct secured class the amount of any secure creditors. | aims or exemptions. Put to claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ | |

Last Name

| Case | 20- | 10 | 1 | 25 |
|--------|-----|----|---|----|
| Whalan | | | _ | ` |

Case number (if known)

| | 3.3. | Make: | | Who has an interest in the property? Check one. | Do not deduct secured cla | |
|----|-------------|------------------------------|------------------------|--|---|----------------------|
| | | Model: | | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | | Year: | | Debtor 2 only | Current value of the | Current value of the |
| | | Approximate mileage: | | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | Other information: | | At least one of the deptors and another | | |
| | | Other information. | | ☐ Check if this is community property (see | \$ | \$ |
| | | | | instructions) | | |
| | | | | | | |
| | 3.4. | Make: | | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| | | Model: | | Debtor 1 only | Creditors Who Have Clair | |
| | | Year: | | Debtor 2 only | Current value of the | Current value of the |
| | | Approximate mileage: | | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | Other information: | | At least one of the debtors and another | | |
| | | Other information. | | ☐ Check if this is community property (see | \$ | \$ |
| | | | | instructions) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. | Wate | craft, aircraft, motor hor | mes, ATVs and othe | r recreational vehicles, other vehicles, and access | sories | |
| | Exam | ples: Boats, trailers, motor | rs, personal watercraf | t, fishing vessels, snowmobiles, motorcycle accessor | ries | |
| | Z No |) | | | | |
| | □ Ye | es | | | | |
| | | | | | | |
| | 4.1. | Make: | | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| | | Model: | | Debtor 1 only | the amount of any secure Creditors Who Have Clain | |
| | | Year: | | Debtor 2 only | | |
| | | Other information: | | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Current value of the | Current value of the |
| | | | | At least one of the debtors and another | entire property? | portion you own? |
| | | | | ☐ Check if this is community property (see | Φ. | \$ |
| | | | | instructions) | \$ | \$ |
| | | | | | | |
| | lf vou | own or have more than or | as list bors: | | | |
| | ii you | own of have more than or | ne, nst nere. | Who has an interest in the manager 201 | | |
| | 4.2. | Make: | | Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any secure | |
| | | Model: | | Debtor 1 only | Creditors Who Have Clair | |
| | | Year: | | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | | Other information: | | ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | | | — At least one of the debtors and another | | |
| | | | | ☐ Check if this is community property (see | \$ | \$ |
| | | | | instructions) | | |
| | | | | | | |
| | | | | | | |
| | | | | | , | |
| 5. | Add t | he dollar value of the po | rtion you own for al | of your entries from Part 2, including any entries | for pages | ¢ 4,750.00 |
| | | | | ere | | φ |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 1 (| int 3. Describe roul | r Fersonal and Household Rems | | |
|-----|--|---|---|---------|
| Do | you own or have any le | egal or equitable interest in any of the following items? | Current value or portion you own Do not deduct secuor exemptions. | 1? |
| 6. | Household goods and | furnishings | | |
| | _ | ces, furniture, linens, china, kitchenware | | |
| | ☐ No | | 1 | |
| | Yes. Describe | 2 beds, 3 dressers, 1 couch, 1 loveseat 4 sets linen, 1table | \$ | 400.00 |
| 7 | Electronics | | 1 | |
| • | Examples: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games | | |
| | ☐ No | | 1 | |
| | ☐ Yes. Describe | 3 TVs, 2 cell phone, 1 computer, 1 laptop 1 printer | \$ | 150.00 |
| 8. | Collectibles of value | | | |
| | stamp, coin, o | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | | |
| | ✓ No✓ Yes. Describe | | \$ | |
| | | | | |
| 9. | Equipment for sports a | nd hobbies | | |
| | | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | | |
| | ☐ No | | 1 | |
| | Yes. Describe | golf clubs, bicycles | \$ | 75.00 |
| 10 | Firearms | | • | |
| | | shotguns, ammunition, and related equipment | | |
| | Yes. Describe | 1 Sig Sauer 45 handgun, 22 Cal Single Shot Rifle, Bolt Action 22 Rifle six round mag; Break Barrell 20 Guage Shotgun | \$ | 300.00 |
| 11 | Clothes | _ | | |
| | Examples: Everyday clot | thes, furs, leather coats, designer wear, shoes, accessories | | |
| | Yes. Describe | Everyday clothes | \$ | 100.00 |
| | l | | 1 | |
| 12 | Jewelry Examples: Everyday jew gold, silver | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | |
| | □ No | | | |
| | Yes. Describe | Costume Jewelry | \$ | 75.00 |
| 13 | Non-farm animals | | | |
| | Examples: Dogs, cats, b | irds, horses | | |
| | No No Describe | | | 40.00 |
| | Yes. Describe | 1 dog | \$ | 40.00 |
| 14 | | I household items you did not already list, including any health aids you did not list | | |
| | ☑ No | | | |
| | Yes. Give specific information | | \$ | |
| 15 | Add the dollar value of | all of your entries from Part 3, including any entries for pages you have attached | \$1 | ,140.00 |
| | tor Part 3. Write that nu | ımber here | | |

Last Name

Case number (if known)

| Part 4: Describe Yo | our Financial Assets | | | |
|--|---|---|-------------------|--|
| Do you own or have any | / legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash <i>Examples:</i> Money you | ı have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you f | ile your petition | |
| ☑ No ☐ Yes | | | Cash: | \$ |
| | | unts; certificates of deposit; shares in credit unions aultiple accounts with the same institution, list eacl | | , |
| No Yes | | Institution name: | | |
| | 17.1. Checking account: | Desert Valleys | | \$310.00 |
| | 17.2. Checking account: | Desert Valleys | | \$2,738.88 |
| | 17.3. Savings account: | Desert Valleys | | \$ 5.00 |
| | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | | | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account: | | | |
| | 17.9. Other financial account: | | | \$ |
| | , or publicly traded stocks | | | |
| ✓ No | s, investment accounts with brok | erage firms, money market accounts | | |
| Yes | Institution or issuer name: | | | |
| | | | | . \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | |
| | stock and interests in incorpo and joint venture | rated and unincorporated businesses, includi | ng an interest in | |
| an LLC, partnership, | | | % of ownership: | |
| ☑ No | Name of entity: | | • | |
| ✓ No ☐ Yes. Give specific | Name of entity: | | 0%% | \$0.00 |
| ☑ No | | | Λ0/ | \$ |

Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **☑** No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each Institution name: account separately. Type of account: 401K Merrill Lynch 50,000.00 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ___ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ☑ No Yes Issuer name and description:

Last Name

| Case | 20. | -10 | 1 | 20 |
|--------|-----|-----|---|----|
| Whalan | | | - | |

Case number (if known)

| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(| ount in a qualified ABLE program, or under a qualified st b)(1). | ate tuition program. | |
|--|--|-------------------------|---|
| ☑ No ☐ YesInstitution r | name and description. Separately file the records of any inter | ests.11 U.S.C. § 521(c |) : |
| | | | ¢ |
| - | | | \$ |
| | | | \$ |
| | | | \$ |
| 25. Trusts, equitable or future interests in p exercisable for your benefit | roperty (other than anything listed in line 1), and rights o | or powers | |
| ☑ No | | | |
| Yes. Give specific information about them | | | \$ |
| 26. Patents, copyrights, trademarks, trade s Examples: Internet domain names, website | secrets, and other intellectual property es, proceeds from royalties and licensing agreements | | |
| Yes. Give specific information about them | | | \$ |
| mornatori aboat morn | | | |
| 27. Licenses, franchises, and other general <i>Examples</i> : Building permits, exclusive licer | intangibles nses, cooperative association holdings, liquor licenses, profe | ssional licenses | |
| ☑ No | | | |
| Yes. Give specific information about them | | | \$ |
| Money or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you | | | |
| □ No | | | |
| Yes. Give specific information | Expected 2019 Tax Refund | Federal: | \$ 3,300.00 |
| about them, including whether you already filed the returns | Expected 2019 Tax Returns | | \$ 700.00 |
| and the tax years. | | Local: | \$ 0.00 |
| | | Local. | Ψ |
| 29. Family support Examples: Past due or lump sum alimony, ✓ No ☐ Yes. Give specific information | spousal support, child support, maintenance, divorce settler | nent, property settleme | nt |
| | | Alimony: | \$ |
| | | Maintenance: | \$ |
| | | Support: | \$ |
| | | Divorce settlement: | \$ |
| | | Property settlement: | \$ |
| 30. Other amounts someone owes you Examples: Unpaid wages, disability insura Social Security benefits; unpaid | nce payments, disability benefits, sick pay, vacation pay, wold loans you made to someone else | rkers' compensation, | |
| Yes. Give specific information | 0 1 0 1 70 1 1111 | | |
| - 100. Give apositic information | Social Security/Disability | | \$1,200.00 |

Case number (if known)

31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ No Yes. Describe each claim. 35. Any financial assets you did not already list No ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 58,253.83 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ■ No ☐ Yes. Describe...

Doc 1

Last Name

Case number (if known)

| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | | | | | |
|---|---|--|--|--|--|
| ☐ No | | | | | |
| ☐ Yes. Describe | | \$ | | | |
| l | | | | | |
| 41. Inventory | | | | | |
| □ No | | | | | |
| Yes. Describe | | \$ | | | |
| | | | | | |
| 42. Interests in partnersh | ips or joint ventures | | | | |
| Yes. Describe | Name of entity: % of ownership: | | | | |
| | Name of entity. % of ownership. | \$ | | | |
| | | \$ | | | |
| | % | \$ | | | |
| | | | | | |
| 43. Customer lists, mailir | ng lists, or other compilations | | | | |
| | include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | | | | |
| □ No | | | | | |
| ☐ Yes. Desc | pribe | \$ | | | |
| | | Φ | | | |
| 44. Any business-related | property you did not already list | | | | |
| ☐ No | | | | | |
| Yes. Give specific information | | \$ | | | |
| inionnation | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | Ψ | | | |
| | of all of your entries from Part 5, including any entries for pages you have attached number here | \$ | | | |
| Torr art or Willo that | | | | | |
| | | | | | |
| | ny Farm- and Commercial Fishing-Related Property You Own or Have an Interest | ln. | | | |
| If you own or have an interest in farmland, list it in Part 1. | | | | | |
| 46 Do you own or have | any legal or equitable interest in any farm- or commercial fishing-related property? | | | | |
| No. Go to Part 7. | any legal of equitable interest in any fariti- of confinercial histing-related property: | | | | |
| Yes. Go to line 47. | | | | | |
| | | Current value of the | | | |
| | | portion you own? Do not deduct secured claims | | | |
| 47 Fanns automit | | or exemptions. | | | |
| 47. Farm animals Examples: Livestock, I | poultry, farm-raised fish | | | | |
| No | y, | | | | |
| Yes | | | | | |
| | | \$ | | | |
| | | Ψ | | | |

| Case | 20 | -1 | 01 | 2 | |
|--------|----|----|----|---|--|
| Whalan | | | | | |

Doc 1

Case number (if known) Middle Name Last Name 48. Crops—either growing or harvested ■ No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **☑** No ☐ Yes. Give specific information..... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 96.190.50 55. Part 1: Total real estate, line 2 4,750.00 56. Part 2: Total vehicles, line 5 1,140.00 57. Part 3: Total personal and household items, line 15 58,253.83 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 64,143.83 64,143.83 62. Total personal property. Add lines 56 through 61. Copy personal property total → 160,334.33 63. Total of all property on Schedule A/B. Add line 55 + line 62.

| Fill in this information to identify your case: | | | | | |
|--|------------|-------------|-----------|--|--|
| Debtor 1 | Patrick | | Whalan | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Eastern District of California | | | | | |
| Case number(If known) | | | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | art 1: Identif | y the Property You Claim | as Exempt | | | | |
|---|-------------------------|---|--------------------------------------|---|------------------------------------|--|--|
| Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any propert | ty you list on Schedule A/B th | nat you claim as exemp | ot, fill in the information below. | | | |
| | | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| | Brief description: | 1240 S McCall St | \$ <u>96,190.50</u> | ☑ \$ 19,000.00 | C.C. P. Sec 703.140(b)(5) | | |
| | Line from Schedule A/B: | 1.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | | | |
| | Brief description: | '04 Toyota Hilander | \$ <u>2,500.00</u> | ½ \$ 2,500.00 | C.C. P. Sec 703.140(b)(2) | | |
| | Line from Schedule A/B: | 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | | | |
| | Brief description: | '08 Harley Davidson | \$ <u>2,250.00</u> | 2 \$ 2,250.00 | C.C.P. Sec 703.140(b)(2) | | |
| | Line from Schedule A/B: | 3.2 | | ☐ 100% of fair market value, up to any applicable statutory limit | | | |
| 3. Are you claiming a homestead exemption of more than \$170,350? | | | | | | | |
| | (Subject to adjust No | stment on 4/01/22 and every 3 | years after that for cases | s filed on or after the date of adjustment. | | | |
| | _ | acquire the property covered | by the exemption within | 1,215 days before you filed this case? | | | |
| | ☐ No | | | | | | |
| | Yes | | | | | | |

Patrick First Name

Middle Name

Whalan

Last Name

Case number (if known)_

Additional Page

| | on of the property and line L/B that lists this property | nt value of the on you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|---|-------------------------------|--|------------------------------------|
| | | the value from dule A/B | Check only one box for each exemption | |
| Brief description: Line from | Household Goods 6 | \$ 400.00 | ✓ \$400.00 ☐ 100% of fair market value, up to | C.C.P. Sec 703.140(b)(3) |
| Schedule A/B: Brief description: Line from Schedule A/B: | Electronics 7 | \$ 150.00 | any applicable statutory limit | C.C.P. Sec 703.140(b)(5) |
| Brief description: Line from Schedule A/B: | Sports Equipment 9 | \$ 75.00 | \$75.00 100% of fair market value, up to any applicable statutory limit | C.C.P. Sec 703.140(b)(5) |
| Brief description: Line from Schedule A/B: | Firearms 10 | \$ 300.00 | \$300.00 100% of fair market value, up to any applicable statutory limit | C.C.P. Sec 703.140(b)(5) |
| Brief description: Line from Schedule A/B: | Clothes 11 | \$ 100.00 | \$100.00 \[\square 100\% \text{ of fair market value, up to any applicable statutory limit} \] | C.C.P. Sec 703.140(b)(5) |
| Brief description: Line from Schedule A/B: | Jewelry 12 | \$ 75.00 | ▼ \$ 75.00 □ 100% of fair market value, up to any applicable statutory limit | C.C.P. Sec 703.140(b)(4) |
| Brief description: Line from Schedule A/B: | 1 Dog 13 | \$ 40.00 | \$ 40.00 100% of fair market value, up to any applicable statutory limit | C.C.P. Sec 703.140 (b)(5) |
| Brief description: Line from Schedule A/B: | Desert Valleys FCU 17.1 | \$ 310.00 | ■ \$ 310.00 In the state of the | C.C.P. Sec 703.140 (b)(5) |
| Brief description: Line from Schedule A/B: | Desert Valleys FCU 17.2 | \$ 2,738.88 | \$\2,738.88\\ \to 100\% of fair market value, up to any applicable statutory limit | C.C.P. Sec 703.140 (b)(5) |
| Brief description: Line from Schedule A/B: | Desert Valleys FCU 17.3 | \$ 5.00 | | C.C.P. Sec 703.140 (b)(5) |
| Brief description: Line from Schedule A/B: | EBT (Food Stamps) 17.6 | \$ 124.00 | \$124.00 | C.C.P. Sec 703.140 (b)(10) (A) |
| Brief description: Line from Schedule A/B: | 401 K Merrill Lynch | \$ 50,000.00 | \$ 50,000.00 100% of fair market value, up to any applicable statutory limit | C.C.P. Sec 703.140 (b)(10) (E) |

Debtor 1

Patrick First Name Whalan
Middle Name Last Name

√halan

Case number (if known)_

(Continuation Sheet)

Part 2:

Additional Page

| | on of the property and line /B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|---|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | '19 Est Fed Tax Ref. | \$3,300.00 | ✓ \$ 3,300.00 | C.C.P. Sec 703.140 (b)(5) |
| Line from Schedule A/B: | 28 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | '19 Est CA Tax Ref | \$700.00 | ✓ \$ 700.00 □ 100% of fair market value, up to | C.C.P. Sec 703.140 (b)(5) |
| Line from Schedule A/B: | 28 | | any applicable statutory limit | |
| Brief description: | Social Security/Disa | \$1,200.00 | ☑ \$1,200.00 | C.C.P. Sec 703.140 (b)(10) (A) |
| Line from Schedule A/B: | 28 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ □ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | \$ | _ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

| Fill in this information to identify your case: | | | | |
|---|---------------------|-------------------------------|-----------|--|
| Debtor 1 | Patrick | | Whalan | |
| 200101 1 | | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court fo | r the: Eastern District of Ca | alifornia | |
| Case number (If known) | | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

| Part 1: List All Secured Claims | | | | |
|---|--|---|---|-----------------------------------|
| for each claim. If more than one creditor h As much as possible, list the claims in alph | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| US Bank Home Mortg | Describe the property that secures the claim: | \$128,611.00 | \$96,190.50 | \$0.00 |
| Creditor's Name 4801 Frederica St Number Street | Residence at 1240 S McCall St, Ridgecrest, CA 93555 | | | |
| Mout Laurel NJ 08054 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt | ✓ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | - | | |
| Date debt was incurred <u>03/22/201</u> 7 | Last 4 digits of account number 0 0 4 3 | | | |
| US Bank - CRA Mgt | Describe the property that secures the claim: | \$ 25,758.00 | \$96,190.50 | \$0.00 |
| Creditor's Name P.O. Box 3447 Number Street | Residence at 1240 S McCall St, Ridgecrest, CA 93555 | | | |
| | As of the date you file, the claim is: Check all that apply. | _ | | |
| Oshkosh WI 54903 City State ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another □ Check if this claim relates to a community debt □ Date debt was incurred 06/21/2017 | □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number _0 _1 _1 _4 | _ | | |
| | Column A on this page. Write that number here: | \$154,369.00 | | |
| , tad the denti value of your entitles in | outain A on the page. Write that humber here. | , 0 0 0 . 0 0 | | |

Debtor 1 Patrick
First Name

Middle Name

Whalan

Last Name

Case number (if known)_____

| Part 1: After | tional Page listing any entries on this 1, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|------------------------------|--|---|---|--|-----------------------------------|
| 2.8 | | . | | | · |
| Creditor's Name | | Describe the property that secures the claim: | \$ | \$ | \$ |
| Number S | Street | _ | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| City | State ZIP Code | Contingent Unliquidated Disputed | | | |
| Who owes the | debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | / | An agreement you made (such as mortgage or secured car loan) | | | |
| | Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| | of the debtors and another s claim relates to a debt | Other (including a right to offset) | | | |
| Date debt was i | incurred | Last 4 digits of account number | | | |
| | | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | 1 | Ψ | Ψ |
| | | _ | | | |
| Number S | Street | As of the date you file, the claim is: Check all that apply. | | | |
| | | Contingent | | | |
| 0.1 | 01-1- 710 0-1- | Unliquidated | | | |
| City | State ZIP Code | ☐ Disputed | | | |
| _ | debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | | An agreement you made (such as mortgage or secured | | | |
| | Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| | of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if thi community | s claim relates to a debt | Other (including a right to offset) | - | | |
| Date debt was i | incurred | Last 4 digits of account number | | | |
| | | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | 1 | | · |
| Number S | Street | _ | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| City | State ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | |
| Who owes the | debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and At least one of | of the debtors and another | Judgment lien from a lawsuit | | | |
| | s claim relates to a | Other (including a right to offset) | | | |
| Date debt was i | | Last 4 digits of account number | | | |
| | | | 0.00 | | |
| | | es in Column A on this page. Write that number here: | \$0.00 | | |
| | tne last page of your form at number here: | , add the dollar value totals from all pages. | \$154,369.00 | | |

Debtor 1

Patrick First Name

Whalan

Middle Name

Case number (if known)

| D_{α} | |
|--------------|--|
| | |
| га | |

Last Name List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to

| be | notified for any debts in Part 1, do not fill of | ut or submit thi | s page. | |
|-----|--|------------------|----------|---|
| 2.3 | Amanda Whalan | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | Last 4 digits of account number $0 0 4 3$ |
| | 1240 S McCall | | | |
| | Number Street | | | |
| | Ridgecrest | CA | 93555 | |
| | City | State | ZIP Code | |
| 2.4 | Amanda Whalen | | | On which line in Part 1 did you enter the creditor? 2.2 |
| | Name 1240 S McCall | | | Last 4 digits of account number _0_ 1 1 4 |
| | Number Street | | | |
| | Ridgecrest | CA | 93555 | |
| | City | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | Last 4 digits of account number |
| | Number Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | Last 4 digits of account number |
| | Number Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | Last 4 digits of account number |
| | Number Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | Last 4 digits of account number |
| | Number Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| | | | | |

| Fill in this in | formation to ide | ntify your case: | | |
|---------------------------|----------------------|-----------------------------|-----------|--|
| Debtor 1 | Patrick | | Whalan | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for | the: Eastern District of Ca | alifornia | |
| Case number (If known) | | | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Pa | rt 1: List All of Your PRIORITY Unsecure | ed Claims | | | |
|-----|---|--|--------------------------------------|-------------------------------|-----------------------------|
| | Do any creditors have priority unsecured claims No. Go to Part 2. Yes. | s against you? | | | |
| | each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c | editor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet.) | at claim here ar ame. If you have | nd show both e more than t | priority and wo priority |
| | , | , | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| | Number Street | When was the debt incurred? | | | |
| | City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | | |
| 2.2 | Priority Creditor's Name | Last 4 digits of account number | \$ | _ \$ | \$ |
| | Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | | |

t Name Middle Name

Last Name

| t 1: Your PRIORITY Unsecured Claims | s – Continuation Page | | | |
|---|---|-------------|-----------------|--------------------|
| r listing any entries on this page, number then | n beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
| | Last 4 digits of account number | \$ | _ \$ | \$ |
| Priority Creditor's Name | When was the debt incurred? | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligationsTaxes and certain other debts you owe the government | | | |
| ☐ At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| □ No □ Yes | | | | |
| | | \$ | \$ | |
| Priority Creditor's Name | Last 4 digits of account number | Ψ | _ Ψ | , Ψ |
| Number Street | When was the debt incurred? | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | ☐ Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | ☐ Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | ☐ Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| Is the claim subject to offset? | . , | | | |
| □ No □ Yes | | | | |
| | Last 4 digits of account number | \$ | \$ | \$ |
| Priority Creditor's Name | When was the debt incurred? | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| City State ZIP Code | ☐ Contingent☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim: | | | |
| Debtor 1 only Debtor 2 only | | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligationsTaxes and certain other debts you owe the government | | | |
| ☐ At least one of the debtors and another | ☐ Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| ☐ No | | | | |
| ☐ Yes | | | | |

| d 01 | J14/20Patrick First Name Middle ! | Name Last Nam | | 2 20-10125 Case number (i | f known) | Doo |
|------|--|---|-----------------------|---|-----------------------------------|---------------------|
| Par | t 2: List All of Your N | | | | | |
| | Do any creditors have nong | priority unsecured o | claims against voi | u? | | |
| [| _ ' | - | | e court with your other schedules. | | |
| r | nonpriority unsecured claim, | list the creditor sepa an one creditor holds | rately for each clair | order of the creditor who holds m. For each claim listed, identify while the other creditors in Part 3.If y | hat type of claim it is. Do not | list claims already |
| | | | | | | Total claim |
| 4.1 | Alta One FCU | | | Last 4 digits of account numbe | r <u>3 0 0 4</u> | \$ 30.00 |
| | Nonpriority Creditor's Name 701 S China Lake Blv | d | | When was the debt incurred? | 11/10/2005 | \$ |
| | Number Street Ridgecrest City | CA State | 93555 ZIP Code | As of the date you file, the clair | n is: Check all that apply | |
| | City | State | ZIP Code | Contingent | in is. Oneok all that apply. | |
| | Who incurred the debt? Che | eck one. | | ☐ Unliquidated | | |
| | Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsec | ured claim: | |
| | At least one of the debtors | and another | | Student loans | | |
| | ☐ Check if this claim is for | • | | Obligations arising out of a sep that you did not report as priorit | ty claims | |
| | Is the claim subject to offse | et? | | Debts to pension or profit-shari | | i |
| | ✓ No ☐ Yes | | | Other. Specify Deposit Ov | returant Protection | |
| 4.2 | Alta One FCU | | | Last 4 digits of account numbe | | \$6,620.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 10/07/2008 | |
| | 701 S China lake Blvc | I | | | | |
| | Number Street | 0.4 | 00555 | As of the date you file, the clair | n is: Chack all that apply | |
| | Ridgecrest | CA State | 93555 ZIP Code | | ii is. Check all that apply. | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Che | eck one. | | Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsec | ured claim. | |
| | Debtor 1 and Debtor 2 only | | | | aroa olamii | |
| | At least one of the debtors | and another | | Student loansObligations arising out of a sep | aration agreement or divorce | |
| | ☐ Check if this claim is for | a community debt | | that you did not report as priorit | 3 | |
| | Is the claim subject to offse | et? | | | ng plans, and other similar debts | i |
| | ☑ No | | | ☑ Other. Specify <u>Credit Car</u> | <u>d</u> | |
| | Yes | | | | | |

| Axcess Fin | | | | |
|-----------------------------|-------|----------|--|--|
| Nonpriority Creditor's Name | | | | |
| 7755 Montgomery Rd | | | | |
| Number Street | | | | |
| Cincinnati | ОН | 45236 | | |
| City | State | ZIP Code | | |

Who incurred the debt? Check one.

Is the claim subject to offset?

☐ Check if this claim is for a community debt

| As of the date you file, the cla | im is: Check all that ap |
|----------------------------------|--------------------------|
| | ioi onoon an mat ap |

Last 4 digits of account number <u>4</u> <u>5</u> <u>8</u> <u>9</u>

When was the debt incurred?

07/05/2018

| As | of the date | you file, | the claim | is: Che | eck all th | at apply. |
|----|-------------|-----------|-----------|---------|------------|-----------|
| | Contingent | | | | | |

| | Unliquidated |
|---|--------------|
| | Disputed |
| | |
| T | oo of NIONID |

| _ | |
|---|--------------------------------------|
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| At least one of the debtors and another | Type of North Month? |
| At least one of the debtors and another | |
| | Student loans |

| \blacksquare | Obligations arising out of a separation agreement or divorce |
|----------------|---|
| | that you did not report as priority claims |
| | Debts to pension or profit-sharing plans, and other similar del |
| 4 | Other. Specify Unsecured Loan |
| | |

| 4 | No |
|---|-----|
| | \/- |

Debtor 1 only Debtor 2 only 2,184.00

Last Name

| When was the debt incurred? 10/03/2016 P.O. Box 3700 Number Street Merrifield VA 22119 City State ZIP Code Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Suntrust/THD Nonpriority Creditor's Name 1797 NE Expressway Number Street Who incurred the debt? Check one. Debtor 1 and Debtor 2 only State City State Contingent City City State Contingent Contingent City City State Contingent City City City City City City Contingent City City City City City City City Contingent City City City City City City City City | r listing any entries on this page, number them beginning | with 4.4, followed by 4.5, and so forth. | Total claim |
|---|---|---|----------------------|
| When was the debt incurred? | | Last 4 digits of account number 1 2 8 9 | \$ 8,009.0 |
| Number Steest VA 22119 | | When was the debt incurred? 10/03/2016 | |
| Memory Sust ZiP Code | | | |
| Who incurred the debt? Check one. Debtor 1 and Debtor 2 only All least one of the debtors and another Chock if this claim is for a community debt Is the claim subject to offset? Suntrust/THD Suntrust/THD Norposinity Celebra's Name 1797 NE Expressway Number Street All least one of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only All least one of the debtors and another Chock if this claim is for a community debt Is the claim subject to offset? Who incurred the debt? Check one. Suntrust/THD Last 4 digits of account number 6 3 4 0 \$4,848 When was the debt incurred? 09/24/2017 As of the date you file, the claim is: Check all that apply. Confingent Uniquidated Debtor 1 and Debtor 2 only As least one of the debtors and another Chock if this claim is for a community debt. Is the claim subject to offset? Who incurred the debt? Check one. SynCB/Car Care Napa Easypay Norpository Credit Street Orlando FL 32896 City Suse zip Cose Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only As least one of the debtors and another Uniquidated Disputed Confingent Uniquidated Disputed Controlled FL 32896 City Type of NoNPRIORITY unsecured claim: Suddent learns Debts to persion or profits-basing plans, and other similar debts Who incurred the debt? Check one. Debtor 1 and Debtor 2 only As fet date you file, the claim is ic Check all that apply. Collegions arising out of a separation agreement or divorce that you did not report as priority claims Debts to persion or profits-basing plans, and other similar debts Who incurred the debt? Check one. Debtor 1 and Debtor 2 only As fet date you file, the claim is for a community debt. Sudent learns Collegions arising out of a separation agre | | As of the date you file, the claim is: Check all that apply. | |
| Delator 1 only Delator 2 only Delator 3 only Delator 3 only Delator 3 only Delator 3 only Delator 4 only Delator 5 only Delator 5 only Delator 6 only Delator 7 only Delator 7 only Delator 7 only Delator 7 only Delator 1 | | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Check if this claim is for a community debt □ Student loans □ Obligations asisting out of a separation agreement or divorce that you do not never so priority claims □ Debtor 1 only □ Ves Suntrust/THD Norpolionity Creditor's Name □ Typ NE Expressway Namber □ Street □ At lanta □ GA 30329 □ Obtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Street □ C/O P.O. Box 965001 Namber □ Street □ Orlando □ FL 32896 □ Orlando □ FL 32896 □ Orlando □ PC Street □ Debtor 1 only □ Check if this claim is for a community debt □ Contingent □ Check if this claim is for a community debt □ Contingent □ Check if this claim is for a community debt □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only Debtor 2 only □ De | Who incurred the deht? Check one | | |
| Debtor 2 only | | ☐ Disputed | |
| □ check if this claim is for a community debt is the claim subject to offset? Suntrust/THD Nempriory coefficire Name Syncery Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? Syncery Street Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ New Street □ Check if this claim is for a community debt is the claim subject to offset? Syncery Syncery Street □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ New Syncery | • | Type of NONPRIORITY unsecured claim: | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim of the debtor and content is claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim is for a community debt is the claim is for a community debt is greatly and the claim is check all that apply. □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Contingent □ Unliquidated □ Disputed □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Contingent □ Unliquidated □ Disputed □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Check if this claim is for a community debt is greatly and the claim is check all that apply. □ Check if this claim is for | <u>·</u> | <u></u> | |
| Check if this claim is for a community debt is the claim subject to offset? ✓ No Ves Consignation arising out of a separation agreement or avvoce that you do not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | _ | | |
| □ bebts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Nonpromy Orestor's Name Suntrust/THD | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Suntrust/THD Nonperformity Creditor's Name 1797 NE Expressway When was the debt incurred? 09/24/2017 | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Suntrust/THD Nonpriority Creditor's Name 1797 NE Expressway Number Street Atlanta GA 30329 City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Ves Ves SynCB/Car Care Napa Easypay Nonpriority Creditor's Name Orlando FL 32896 City State ZIP Code Contingent Unliquidated Disputed | | ✓ Other. Specify Credit Card | |
| Suntrust/THD Nonpidenty Creditor's Name 1797 NE Expressway Number Street Attanta GA 30329 City State 2iP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 soft bedtors and another Debtor 1 soft bedtor 2 only Debtor 2 soft bedtors and another Debtor 1 soft bedtors and another Debtor 1 soft bedtor 2 only Debtor 2 soft bedtors and another Debtor 1 soft bedtors and another Debtor 1 soft bedtor 2 soft bedtor 2 soft bedtors and another Debtor 1 soft bedtor 2 soft bedtor 2 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 2 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 2 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 1 soft bedtor 2 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 2 soft bedtor 3 soft bedtor 3 soft bedtor 3 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 2 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtor 3 soft bedtors and another Debtor 1 soft bedtors and another Debtor 2 soft bedtors and another Debtor 1 soft bedtors and another Debtor 2 soft bedtors and another Debtor 2 soft bedtors and another Debtor 3 soft bedtors and another Debtor 4 soft bedtors and another Debtor 5 soft bedtors and another Debtor 6 soft bedtors and another Debtor 7 soft bedtors and another Debtor 8 soft bedtors and another Debtor 9 soft bedtors and another Debtor 9 soft bedtors and another Debtor 9 soft bedtors and another Debtor | | | |
| Nonpriority Creditor's Name Number Street Orlando FL 32896 City State ZIP Code Who incurred the debt? Check one. SYNCB/Car Care Napa Easypay Nonpriority Creditor's Name Nonpriority C | Yes | | |
| Nonpriority Creditor's Name Number Street Orlando FL 32896 City State ZIP Code Who incurred the debt? Check one. SYNCB/Car Care Napa Easypay Nonpriority Creditor's Name Nonpriority C | | Loot 4 digits of account number 6 3 4 0 | . 1919 |
| Number Street Atlanta GA 30329 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? SYNCB/Car Care Napa Easypay Noppriority Creditor's Name C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZiP Code Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Street Orlando FL 32896 City State ZiP Code Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 on | | Last 4 digits of account number 0 3 4 0 | \$ 4,040 |
| Atlanta | | When was the debt incurred? 09/24/2017 | |
| At lanta GA 30329 City State ZIP Code City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? SYNCB/Car Care Napa Easypay Nonpriority Creditor's Name C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only State ZIP Code City State ZIP Code Check if this claim is for a community debt State Code one. Debtor 1 only Debtor 1 and Debtor 2 only State Code one. Debtor 3 only Debtor 3 only Debtor 4 only Debtor 6 the debtor 2 only At least one of the debtors and another Check if this claim is for a community debt State Code one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Other. Specify Unsecured claim: State Code one. Debtor 2 only Other. Specify Unsecured claim: State Code one. Debtor 2 only Other. Specify Unsecured claim: State Code one. Debtor 2 only Other. Specify Creation agreement or divorce that you did not report as priority claims Debtor 3 only Other. Specify Unsecured claim: State Code one of the debtors and another Debtor 3 only Other. Specify Unsecured claim: Debtor 4 only Other. Specify Unsecured claim: Debtor 4 only Other. Specify Unsecured claim: Debtor 4 only Other. Specify Unsecured claim: Debtor 5 only Other. Specify Unsecured claim: Debtor 6 NoNPRIORITY unsecured claim: Debtor 6 NoNPRIORITY unsecured claim: Debtor 7 only Debtor 8 only of | | | |
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| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Check if this claim is for a community debt ☐ SYNCB/Car Care Napa Easypay C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZIP Code ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ State ZIP Code ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ State Street ☐ Check if this claim is for a community debt ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 4 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 3 only ☐ Check if this claim is for a community debt ☐ Debtor 1 and Debtor 2 only ☐ Debtor 2 only ☐ Check if this claim is for a community debt ☐ Debtor 3 only ☐ Check if this claim is for a community debt ☐ Debtor 4 and Debtor 3 only ☐ Check if this claim is for a community debt ☐ Chec | | Contingent | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Yes □ SYNCB/Car Care Napa Easypay □ Nonpriority Creditor's Name □ C/O P.O. Box 965001 □ Number Street □ Orlando FL 32896 □ Orlando FL 32896 □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Check if this claim is for a community debt □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Check if this claim is for a community debt □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 9 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 6 or profit-sharing plans, and other similar debts □ Debtor 9 or profit-sharing plans, and other similar debts □ Orlandor 9 or profit-sharing plans, and other similar debts □ Orlandor 9 or profit-sharing plans, and other similar debts □ Orlandor 9 or profit-sharing plans, and other similar debts □ Orlandor 9 or prof | | | |
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| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ SYNCB/Car Care Napa Easypay □ Nonpriority Creditor's Name □ C/O P.O. Box 965001 □ Number Street □ City State ZiP Code □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 configent □ Debtor 1 configent □ Debtor 2 conly □ Debtor 3 configent □ Debtor 4 configent □ Debtor 4 configent □ Debtor 5 configent □ Debtor 6 nonPRIORITY unsecured claim: □ Check if this claim is for a community debt □ Debtor 9 configent □ Debtor 1 configent □ Debtor 2 conly □ Debtor 2 conly □ Debtor 3 configent □ Debtor 4 configent □ Debtor 5 configent □ Debtor 6 nonPRIORITY unsecured claim: □ Debtor 1 configent □ Debtor 2 conly □ Debtor 2 conly □ Debtor 3 configent □ Debtor 4 configent □ Debtor 5 configent □ Debtor 6 nonpriority Creditor's Name □ Debtor 1 configent □ Debtor 1 configent □ Debtor 1 configent □ Debtor 2 conly □ Debtor 3 configent □ Debtor 4 configent □ Debtor 5 configent □ Debtor 6 nonpriority Creditor's Name □ Debtor 1 configent □ Debtor 1 confige | | | |
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| □ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Other. Specify Unsecured Loan □ Other. Specify Unsecured Claim: □ Other. Specify Retail Charge Account | □ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| s the claim subject to offset? ✓ No ☐ Yes Last 4 digits of account number 4 P A O SYNCB/Car Care Napa Easypay Nonpriority Creditor's Name C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZIP Code When was the debt incurred? ✓ Contingent ☐ Unliquidated ☐ Debtor 1 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 2 anly ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ Other. Specify Unsecured Loan S 1,215 S 1,215 S 1,215 S 1,215 As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Disputed ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Retail Charge Account | ☐ Check if this claim is for a community debt | | |
| SYNCB/Car Care Napa Easypay SYNCB/Car Care Napa Easypay Nonpriority Creditor's Name C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZIP Code When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 4 P A O When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Retail Charge Account | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| SYNCB/Car Care Napa Easypay Nonpriority Creditor's Name C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZIP Code When was the debt incurred? Contingent Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 4 P A O When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Retail Charge Account | | Other. Specify_OTISecured Loan | |
| SYNCB/Car Care Napa Easypay Nonpriority Creditor's Name C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 4 P A O When was the debt incurred? O3/08/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? | | | |
| When was the debt incurred? O3/08/2017 When was the debt incurred? O3/08/2017 As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? O3/08/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Retail Charge Account | | 4.8.4.0 | _{\$_} 1,215 |
| C/O P.O. Box 965001 Number Street Orlando FL 32896 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Retail Charge Account | SYNCB/Car Care Napa Easypay | Last 4 digits of account number 4 P A U | |
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| Orlando City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt Is the claim subject to offset? Contingent □ Unliquidated □ Disputed □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Retail Charge Account | | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Other. Specify Retail Charge Account | | Contingent | |
| Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Other. Specify Retail Charge Account | Sign State ZIF Code | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Other. Specify Retail Charge Account | Who incurred the debt? Check one. | • | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Other. Specify Retail Charge Account | ☐ Debtor 1 only | _ 5.050.00 | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ the claim subject to offset? □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Retail Charge Account | | Type of NONPRIORITY unsecured claim: | |
| ✓ At least one of the debtors and another ✓ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ✓ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other. Specify Retail Charge Account | | | |
| Under this claim is for a community debt Solution of sets: □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Retail Charge Account | At least one of the debtors and another | | |
| Is the claim subject to offset? ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Retail Charge Account | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | · | | |
| | | ✓ Other Specify <u>Retail Charge Account</u> | |

Case number (if known)

Middle Name

Last Name

| Par | t 2: Your NONPRIORITY Unse | cured C | laims — Contin | uation Page | |
|------|--|-------------|-------------------|--|-------------|
| Afte | er listing any entries on this page, nu | ımber the | em beginning with | n 4.4, followed by 4.5, and so forth. | Total claim |
| 4.7 | Connexus CU Nonpriority Creditor's Name | | | Last 4 digits of account number 0 2 8 7 | \$ 6,904.00 |
| | 1 Corp Dr Ste 300 | | | When was the debt incurred? $08/08/2017$ | |
| | Number Street | 14/1 | F 4 4 0 4 | As of the date you file, the claim is: Check all that apply. | |
| | Wausau | State | 54401 ZIP Code | Contingent | |
| | · | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| | At least one of the debtors and another | - | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commu | nity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Unsecured Line of Credit | |
| | ☑ No | | | | |
| | Yes | | | | |
| 4.8 | Alta One FCU | | | Last 4 digits of account number 0 0 0 0 | \$ 94.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 11/15/2012 | |
| | 701 S China Lake Blvd | | | When was the debt incurred? 11/15/2012 | |
| | Number Street Ridgecrest | CA | 93555 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| | At least one of the debtors and another | - | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commu | nity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other. Specify Deposit Overdraft | |
| | ☑ No | | | . , , , , , , , , , , , , , , , , , , , | |
| | Yes | | | | |
| 4.9 | A(/O | | | Last 4 digits of account number 4 6 2 3 | \$_4,799.00 |
| | Axcssfn/Cngo Nonpriority Creditor's Name | | | _ | |
| | 7755 Montgomery Rd Ste 400 |) | | When was the debt incurred? 09/25/2018 | |
| | Number Street | | 45000 | As of the date you file, the claim is: Check all that apply. | |
| | Cincinnati | OH State | 45236 ZIP Code | Contingent | |
| | · | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| | At least one of the debtors and another | - | | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commu | nity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | | □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Unsecured Loan | |
| | ☑ No | | | | |
| | Yes | | | | |

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number 0 0 0 1 \$ 6,136.00 03/15/2016 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: ■ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts other. Specify Unsecured Loan Last 4 digits of account number 0 1 5 9 \$ 1,215.00 03/08/2012 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: ■ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims lacktriangledown Debts to pension or profit-sharing plans, and other similar debts Other. Specify Retail Charge Account \$ 4,216.00 Last 4 digits of account number 1 9 1 8 07/24/2018 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: ■ Student loans lacksquare Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts

Navy FCU Nonpriority Creditor's Name

Merrifield

Debtor 1 only Debtor 2 only

Number

City

☑ No Yes

Number

✓ No ☐ Yes

Number

Orlando

Debtor 1 only Debtor 2 only

4.12

Citv

Orlando

Debtor 1 only Debtor 2 only

4.11

P.O. Box 3700

Who incurred the debt? Check one.

☐ At least one of the debtors and another

SYNCB/Car Care Napa Easy

Who incurred the debt? Check one.

At least one of the debtors and another

Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

SYNCB/Care Credit Nonpriority Creditor's Name

C/O P.O. Box 965036

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Who incurred the debt? Check one.

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Nonpriority Creditor's Name

P.O. Box 965036

4.10

VA

State

FL

State

FL

State

22119

32896

32896 ZIP Code

7IP Code

ZIP Code

✓ Other. Specify Retail Charge Accoount

✓ No ☐ Yes

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

| Afte | r listing any entries on this page, nur | nber ther | n beginning witl | h 4.4, followed by 4.5, and so forth. | Total claim |
|------|---|-----------|------------------|---|--------------|
| 4.13 | OVALOR AND LOCAL | | | Last 4 digits of account number 3 2 2 0 | 404.00 |
| | SYNCB/Walmart Nonpriority Creditor's Name | | | _ | \$ 404.00 |
| | P.O. Box 965024 | | | When was the debt incurred? $08/11/2014$ | |
| | Number Street Orlando | FL | 32896 | As of the date you file, the claim is: Check all that apply. | |
| | | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONDRIGHTY upgequied claim: | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: Student loans | |
| | ☐ At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commun | ity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other. Specify Retail Charge Account | |
| | ☑ No | | | , | |
| | Yes | | | | |
| 4.14 | Liberty Ambulance | | | Last 4 digits of account number 3 3 1 1 | \$_3,230.96 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 12/07/2018 | |
| | 1325 W Ridgecrest Blvd Number Street | | | | |
| | Ridgecrest | CA | 93555 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | | ■ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans | |
| | _ | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a commun | ity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ✓ No | | | ✓ Other. Specify Ambulatory Services | |
| | Yes | | | | |
| 4.15 | Ridgecrest Regional Hosp | | | Last 4 digits of account number 3 5 3 2 | \$_10,185.41 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 11/26/2018 | |
| | 1081 N China Lake Blvd | | | When was the debt incurred? 11/26/2018 | |
| | Number Street Ridgecrest | CA | 93555 | As of the date you file, the claim is: Check all that apply. | |
| | | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a commun | ity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ✓ No ☐ Yes | | | ✓ Other Specify Medical Services | |
| | | | | | |

Last Name

Case number (if known)

| Par | t 2: Your NONPRIORITY Unse | cured CI | aims — Continu | uation Page | |
|------|---|-------------|-------------------|--|-------------|
| Afte | er listing any entries on this page, nu | mber the | m beginning with | 4.4, followed by 4.5, and so forth. | Total claim |
| 4.16 | Allied Cash Advance Nonpriority Creditor's Name P.O. Box 18209 Number Street Cincinnati City | OH State | 45218 ZIP Code | Last 4 digits of account number 7 1 2 4 When was the debt incurred? 02/04/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | \$ 2,824.78 |
| | Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a commuls the claim subject to offset? ✓ No □ Yes | | | □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Payday Loan | |
| 4.17 | Advance America Nonpriority Creditor's Name 902 N China Lake Blvd Number Street Ridgecrest City Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes | | 93555 ZIP Code | Last 4 digits of account number 9 1 6 6 When was the debt incurred? 11/13/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Payday Loan | \$_3,413.23 |
| 4.18 | Paypal Credit/Bill Me Later Nonpriority Creditor's Name P.O. Box 5138 Number Street Timonium City Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes | | 21094 ZIP Code | Last 4 digits of account number 4 2 1 0 When was the debt incurred? 10/01/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Retail Charge Account | \$_1,208.69 |

Doc 1

Middle Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.19 Last 4 digits of account number 3 4 5 2 56.70 Freedom Park Med Svcs AMC Nonpriority Creditor's Name 03/20/2019 When was the debt incurred? P.O. Box 99103 Number Street As of the date you file, the claim is: Check all that apply. NV Las Vegas 89193 ZIP Code City State Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts other Specify Medical Services Is the claim subject to offset? **☑** No Yes 4.20 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Citv State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify_ ☐ No ☐ Yes 4.21 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Student loans ■ At least one of the debtors and another lacksquare Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify_ ☐ No ☐ Yes

Case 20-10125

Part 3:

Middle Name

Last Name

List Others to Be Notified About a Debt That You Already Listed

| CMRE Fin Serv | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|-----------------------------|------------------|-------------------|--|
| 3075 E Imperial Hwy Ste | 200 | | Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | 200 | | ✓ Part 2: Creditors with Nonpriority Unsecured Claim |
| | | | |
| Brea | CA | 92821 | Last 4 digits of account number $0 3 69$ |
| City | State | ZIP Code | |
| Encore Recv Mgt | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | Line 16 of (Check and) Depart 1. Creditors with Priority Unecoured Claims |
| P.O. Box 3330 | | | Line <u>4.6</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| Olathe Sity | KS State | 66061 ZIP Code | Last 4 digits of account number 8 9 8 2 |
| DBS | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 1 Contornainte Dr.# 450 | | | Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| 1 Centerpointe Dr # 450 | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| La Palma _{City} | CA State | 90623 ZIP Code | Last 4 digits of account number <u>3</u> <u>8</u> <u>3</u> <u>9</u> |
| Credit Core Sol Inc | Olato | 2 0000 | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | , , , |
| 63 E 11400 South 408 | | | Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Sandy | UT | 84070 | |
| Sandy City | State | ZIP Code | Last 4 digits of account number <u>7</u> <u>6</u> <u>1</u> <u>7</u> |
| GMA Inc | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | on which chary in rate roll rate 2 dia you list the original oreditor. |
| P.O. Box 658 | | | Line <u>4.14</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| Oakhurst | CA | 93644 | Last 4 digits of account number 7 2 0 9 |
| City | State | ZIP Code | |
| ACI LLC | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | o 150 | | Line <u>4.13</u> of (<i>Check one</i>): □ Part 1: Creditors with Priority Unsecured Claims |
| 2420 Sweet Home Rd St | 6 150 | | Part 2: Creditors with Priority Unsecured |
| | | | Claims |
| Amherst | NY | 14228 | |
| City | State | ZIP Code | Last 4 digits of account number <u>4</u> <u>2</u> <u>1</u> <u>0</u> |
| RRC Corp | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | 42 40 4 5 5 |
| P.O. Box 63127 | | | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| • | | | ✓ Part 2: Creditors with Nonpriority Unsecured Claims |
| Irving | TX | 75063 | |
| ar virigi | 171 | 7 0000 | Last 4 digits of account number $\frac{5}{2}$ $\frac{5}{2}$ $\frac{8}{2}$ $\frac{1}{2}$ |

Middle Name Last N

Whalan Last Name (Continuation Sheet) Case 20-10125

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| MRS BRO LLC | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|-------------------|--------|----------|---|
| Name | | | on which entry in Part 1 of Part 2 did you list the original creditor? |
| 1930 Olney Ave | | | Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | ☑ Part 2: Creditors with Nonpriority Unsecured Classification |
| Cherry Hill | NJ | 08003 | Last 4 digits of account number 5 5 4 |
| City | State | ZIP Code | |
| GCC | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| 4839 N Elston Ave | | | Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| Chicago | IL | 60630 | Last 4 digits of account number 6 5 0 5 |
| City | State | ZIP Code | |
| ulamo. | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| | | | Local Admits of account number |
| Dity | State | ZIP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Jily | Sidle | ZIF COUR | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| vallic | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| | | | |
| City | State | ZIP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | , |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Number Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | |
| No mo | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| - Silver | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Olaillis |
| | | | Last 4 digits of account number |

Firet Namo

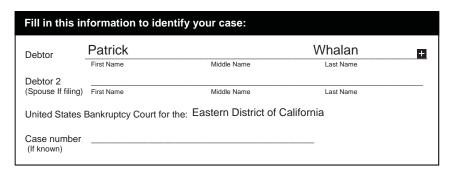
Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|-----------------------------|---|-----|-------------|-----------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | |
| | | | Total claim | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ | 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 67,593.80 |
| | | | | |



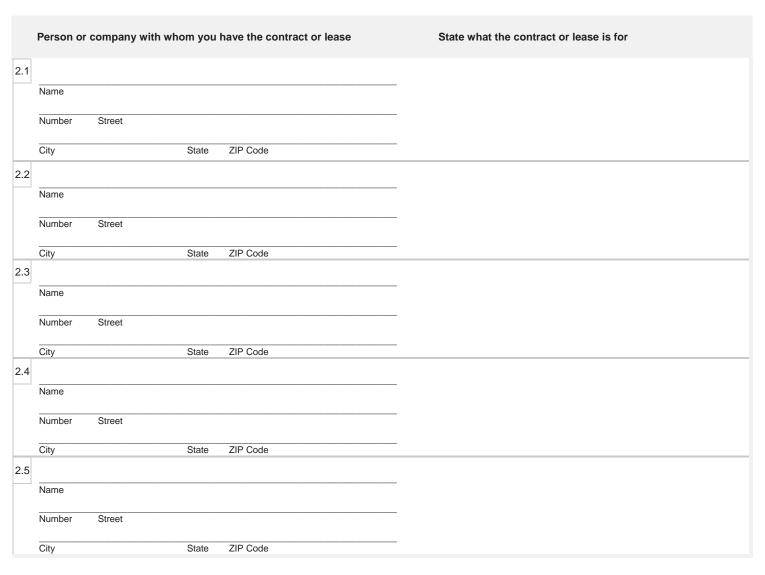
Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - 🗖 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.



| Debtor 1 | Patrick | | | Whalan | # | Case number (if known) | | |
|----------|------------|-------------|-----------|--------|---|---|--|--|
| | First Name | Middle Name | Last Name | | | , | | |

| | A | Additional P | age if You Ha | ve More Contracts or Leases | 5 |
|-------------|--------|--------------|-----------------|-----------------------------|-----------------------------------|
| | Person | or company w | rith whom you I | nave the contract or lease | What the contract or lease is for |
| 2. <u>2</u> | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

| Fill in this information to identify your case: | | | | | | |
|---|--|-------------|---------------------|--|--|--|
| Debtor 1 | Patrick First Name | Middle Name | Whalan Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | United States Bankruptcy Court for the: Eastern District of California | | | | | |
| Case number (If known) | | | - | | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. | Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No ✓ Yes | | | | | |
|-----|--|--------------------------------|----------------------------|--|--|--|
| 2. | | | | (Community property states and territories include ington, and Wisconsin.) | | |
| | _ | ,, | | | | |
| | No. Go to line 3. | | | | | |
| | Yes. Did your spouse, former s | spouse, or legal equivalent | live with you at the time? | | | |
| | □ No | | 0.4 | | | |
| | Yes. In which community st | tate or territory did you live | ?CA | Fill in the name and current address of that person. | | |
| | Amanda Whalan Name of your spouse, former spou | se, or legal equivalent | | | | |
| | 1240 S McCall St | oo, o. logal oquivaloni | | | | |
| | Number Street | | | | | |
| | Ridgecrest | CA | 93555 | | | |
| | City | State | ZIP Code | | | |
| 2 | In Column 1 list all of your code | htors. Do not include vo | ur engues as a codebtor | if your spouse is filing with you. List the person | | |
| ٥. | | - | | . Make sure you have listed the creditor on | | |
| | • | • | • | le G (Official Form 106G). Use Schedule D, | | |
| | Schedule E/F, or Schedule G to f | fill out Column 2. | , | , | | |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt | | |
| | Column 1. Your codeptor | | | Column 2. The creditor to whom you owe the debt | | |
| | 1 | | | Check all schedules that apply: | | |
| 3.1 | Amanda Whalan | | | 7 | | |
| | Name | | | Schedule D, line 2.1 | | |
| | 1240 S McCall St | | | Schedule E/F, line | | |
| | Number Street | C A | 02555 | ☐ Schedule G, line | | |
| | Ridgecrest | CA State | 93555 ZIP Code | | | |
| 3.2 | i ' | Otate | Zii Oode | | | |
| 3.2 | <u>Amanda vynaian</u> | | | Schedule D, line 2.2 | | |
| | Name 1240 S McCall St | | | Schedule E/F, line | | |
| | Number Street | | | Schedule G, line | | |
| | Ridgecrest | CA | 93555 | Concado O, into | | |
| | City | State | ZIP Code | | | |
| 3.3 | | | | | | |
| | Name | | | Schedule D, line | | |
| | | | | Schedule E/F, line | | |
| | Number Street | | | ☐ Schedule G, line | | |
| | City | State | ZIP Code | | | |
| | / | Olulo | 211 0000 | | | |
| | | | | | | |

| Debtor 1 | Patrick | | Whalan | |
|---------------------------------|------------|-------------|-----------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | | | | |
| Case number (If known) | | | | Check if this is: An amended filing |
| | | | | |
| | orm 106l | | | ☐ An amended filing ☐ A supplement showing postpetition chapter 1: |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment 1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, attach a separate page with **M** Employed **Employment status** Employed information about additional ■ Not employed ✓ Not employed employers. Include part-time, seasonal, or self-employed work. Lead Janitor Homemaker Occupation Occupation may include student or homemaker, if it applies. NAVAIR (Naval Air Weapons Sys n/a Employer's name Employer's address 1 Adm Circle n/a Number Street Number Street n/a n/a China Lake CA 93555 n/a n/a City State ZIP Code City State ZIP Code 11 years n/a How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 1,580.00 0.00 0.00 0.00 3. Estimate and list monthly overtime pay. 1,580.00 0.00 4. Calculate gross income. Add line 2 + line 3.

Debtor 1

| Patr | ric | k |
|-----------|-----|---|
| First Nar | me | |

Middle Name

Whalan

Last Name

| _ | | |
|------|--------|------------|
| Case | numher | (if known) |

| | | Foi | Debtor 1 | | ebtor 2 or iling spouse | |
|--|----------|----------|---------------|-------------|----------------------------|-----------------------------|
| Copy line 4 here | . 🗲 4. | \$_ | 1,580.00 | \$_ | 0.00 | |
| 5. List all payroll deductions: | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 380.00 | \$_ | 0.00 | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$_ | 0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$_ | 0.00 | |
| 5e. Insurance | 5e. | \$ | 0.00 | \$_ | 0.00 | |
| 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$_ | 0.00 | |
| 5g. Union dues | 5g. | \$ | 0.00 | \$_ | 0.00 | |
| 5h. Other deductions. Specify: n/a | 5h. | +\$_ | 0.00 | + \$_ | 0.00 | |
| 6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5 | ih. 6. | \$ | 380.00 | \$_ | 0.00 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,200.00 | \$ | 0.00 | |
| 8. List all other income regularly received: | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | |
| receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$_ | 0.00 | |
| 8b. Interest and dividends | 8b. | \$ | 0.00 | \$_ | 0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a depen regularly receive | dent | | | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$_ | 0.00 | |
| 8d. Unemployment compensation | 8d. | \$ | 0.00 | \$_ | 0.00 | |
| 8e. Social Security | 8e. | \$ | 0.00 | \$_ | 0.00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplementa Nutrition Assistance Program) or housing subsidies. | | | 0.00 | | 404.00 | |
| Specify: EBT (Food Stamps) | _ 8f. | \$ | 0.00 | \$_ | 124.00 | |
| 8g. Pension or retirement income | 8g. | \$ | 0.00 | \$_ | 0.00 | |
| 8h. Other monthly income. Specify: Social Security/Disability | _ 8h. | +\$_ | 0.00 | +\$_ | 1,200.00 | - |
| 9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_ | 0.00 | \$_ | 1,324.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 1,200.00 | + \$_ | 1,324.00 | = \$ <u>2,524.00</u> |
| 11. State all other regular contributions to the expenses that you list in Sch | | | | | | |
| Include contributions from an unmarried partner, members of your household friends or relatives. | | · | | • | | |
| Do not include any amounts already included in lines 2-10 or amounts that a | re not a | vallable | e to pay expe | nses listed | | + \$ 0.00 |
| Specify: | | | | | 11. | T 5 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain | | | | - | me. 12. | \$2,524.00 Combined |
| 13. Do you expect an increase or decrease within the year after you file thi | s form? | ? | | | | monthly income |
| Yes. Explain: | | | | | | |

| Fill in this | information to identify y | our case: | | | | | |
|--------------------------|--|--|---------------------|--|----------|------------------|--|
| Debtor 1 | Patrick First Name | | Vhalan Last Name | Check if th | nis is: | | |
| Debtor 2 | | | | ——— An am | ended fi | ilina | |
| (Spouse, if filin | • | | ast Name | ☐ A supp | lement | showing postp | etition chapter 13 |
| | | astern District of California | | | | of the following | date: |
| (If known) | | | | MM / D | D/ YYYY | , | |
| Official | Form 106J | | | | | | |
| Sche | dule J: You | ır Expenses | 3 | | | | 12/15 |
| information. | - | | | ng together, both are equally . On the top of any additional | - | | _ |
| Part 1: | Describe Your Hous | sehold | | | | | |
| 1. Is this a jo | int case? | | | | | | |
| ☑ No. G ☐ Yes. D | o to line 2. oes Debtor 2 live in a se | eparate household? | | | | | |
| | No Yes. Debtor 2 must file | Official Form 106J-2, Exper | nses for S | eparate Household of Debtor 2. | | | |
| 2. Do you ha | ive dependents? | ☐ No | | | | | |
| Do not list Debtor 2. | Debtor 1 and | Yes. Fill out this inform each dependent | | Dependent's relationship to Debtor 1 or Debtor 2 | _ | Dependent's age | Does dependent live with you? |
| Do not sta | te the dependents' | · | | Son | | 6 mon | ☐ No ☑ Yes |
| | | | | | | | □ No □ Yes |
| | | | | | | | ☐ No |
| | | | | | | | Yes |
| | | | | | | | No Yes Yes No No |
| | | | | | | | ☐ No |
| | | | | | | | ☐ Yes |
| expenses | xpenses include of people other than nd your dependents? | ✓ No ☐ Yes | | | | | |
| Part 2: | Stimate Your Ongoir | ng Monthly Expenses | | | | | |
| - | of a date after the bank | | - | re using this form as a supple ental <i>Schedule J</i> , check the bo | | _ | |
| Include expe | enses paid for with non- | cash government assista | • | | | Your expe | nses |
| 4. The renta | | | | first mortgage payments and | 4. | \$ | 908.00 |
| | luded in line 4: | | | | | | |
| | l estate taxes | | | | 4a. | \$ | 0.00 |

Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses

Homeowner's association or condominium dues

4b.

4c.

4d.

0.00

0.00

0.00

4b.

4c.

4d.

Debtor 1 Patrick Whalan First Name Middle Name Last Name Case number (if known)

| | | | Your ex | penses |
|-----|--|------|---------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 142.00 |
| 6 | Utilities: | | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. | \$ | 55.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 54.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 285.00 |
| | 6d. Other. Specify: n/a | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 600.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| 0. | Personal care products and services | 10. | \$ | 50.00 |
| 1. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 80.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 130.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a | 16. | \$ | 0.00 |
| 7. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: n/a | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: n/a | 17d. | \$ | 0.00 |
| 8. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| 9. | Other payments you make to support others who do not live with you. | | | |
| | Specify: n/a | 19. | \$ | 0.00 |
| 0. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incon | ie. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | |
| | and the second second and approach substitutes | | | 0.00 |

| Patrick Whalan Case numb First Name Middle Name Last Name | OET (if known) | | |
|---|--|--|--|
| pecify: pet care | 21. | +\$ | 150.00 |
| your monthly expenses. | | | |
| lines 4 through 21. | 22a. | \$ | 2,454.00 |
| y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 2,454.00 |
| | | | |
| your monthly net income. | | œ. | 2,524.00 |
| y line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,324.00 |
| y your monthly expenses from line 22c above. | 23b. | -\$ | 2,454.00 |
| | 23c. | \$ | 70.00 |
| ole, do you expect to finish paying for your car loan within the year or do you expect your | | | |
| | pecify: pet care becify: pet care beyour monthly expenses. lines 4 through 21. y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 line 22a and 22b. The result is your monthly expenses. your monthly net income. y line 12 (your combined monthly income) from Schedule I. y your monthly expenses from line 22c above. tract your monthly expenses from your monthly income. result is your monthly net income. spect an increase or decrease in your expenses within the year after you file this for one, do you expect to finish paying for your car loan within the year or do you expect your payment to increase or decrease because of a modification to the terms of your mortgage. | First Name Middle Name Last Name Decify: pet care 21. Decify: pet care 22. Decify: pe | Prest Name Middle Name Last Name Decify: pet Care 21. +\$ Decify: pet Care 21. +\$ Decify: pet Care 21. +\$ Decify: pet Care 22. \$ Decify: pet Care |

| Fill in this information to identify your case: | | | | | |
|--|------------|-------------|-----------|--|--|
| Debtor 1 | Patrick | | Whalan | | |
| _ | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of California Case number (If known) | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|--|
| Did you pay or agree to pay someone who | o is NOT an attorney to help you fill out bankruptcy forms? |
| ☑ No | |
| ☐ Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | |
| | |
| | ave read the summary and schedules filed with this declaration and |
| that they are true and correct. | |
| | |
| ✗ /s/Patrick Whalan | × |
| Signature of Debtor 1 | Signature of Debtor 2 |
| | |
| Date 11/01/2019 | Date |
| IVIIVI / OO / IIIII | WINI DU / IIII |

| Fill in this in | Fill in this information to identify your case: | | | | | | |
|---------------------|---|-----------------------------|-----------|--|--|--|--|
| Debtor 1 | Patrick | | Whalan | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States I | Bankruptcy Court for the: Ea | stern District of Californi | a | | | | |
| Case number | (If known) | | | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|-----------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$96,190.50 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$64,143.83 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$160,334.33 |
| Part 2: Summarize Your Liabilities | _ |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$154,369.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$67,537.10 |
| Your total liabilities | \$221,906.10 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,524.00 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$2,454.00 |
| | |

Filed 01/14/20 Case 20-10125 Doc 1

| Debtor 1 Patrick Whalan Case number (if known) | |
|--|--|
|--|--|

| Р | art 4: Answer These Questions for Administrative and Statistical Records | |
|----|---|---|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | |
| | ☐ No. You have nothing to report on this part of the form. Check this box and submit this for ☐ Yes | orm to the court with your other schedules. |
| 7. | What kind of debt do you have? | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | individual primarily for a personal, ses. 28 U.S.C. § 159. |
| | Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | of the form. Check this box and submit |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | come from Official \$1,580.00 |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | |
| | | Total claim |
| | From Part 4 on Schedule E/F, copy the following: | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$ |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |
| | 9d. Student loans. (Copy line 6f.) | \$ |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00_ |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 |
| | 9g. Total. Add lines 9a through 9f. | \$ 0.00 |

9g. Total. Add lines 9a through 9f.

| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|------------------------|-----------|--|--|--|
| Debtor 1 | Patrick | | Whalan | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States I | Bankruptcy Court for the: | Eastern District of Ca | alifornia | | | |
| Case number (If known) | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1 | : Give Details About Your Marital State | tus and Where Y | ou Lived Before | |
|----------|--|----------------------------|--|-------------------------------------|
| ď | at is your current marital status? Married Not married | | | |
| A | ing the last 3 years, have you lived anywhere No Yes. List all of the places you lived in the last 3 y | · | | |
| | Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
| | Number Street | From To | Same as Debtor 1 Number Street | Same as Debtor 1 From To |
| | City State ZIP Code | - | City State ZIP Code | |
| | Number Street | From To | Same as Debtor 1 Number Street | Same as Debtor 1 From To |
| stat | tes and territories include Arizona, California, Idal | ho, Louisiana, Nevad | City State ZIP Code valent in a community property state or territory? (da, New Mexico, Puerto Rico, Texas, Washington, and m 106H). | Community property I Wisconsin.) |

Part 2:

Explain the Sources of Your Income

Filed 01/14/20 Case 20-10125 Doc 1

Whalan

| or 1 | Patrick | | | | |
|--|---|--|---|--|--|
| | First Name Middle Name Last N | Name | | | |
| | | | | | |
| - | you have any income from employmen | | | • | dar years? |
| | n the total amount of income you received u are filing a joint case and you have inco | | | | |
| | | The that you receive toge | ther, not it offly office differ | or Debtor 1. | |
| | NO Yes. Fill in the details. | | | | |
| | | . | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions are exclusions) |
| | From January 1 of current year until | ₩ Wages, commissions, | s 650.00 | ✓ Wages, commissions, | ¢ 0.0 |
| | the date you filed for bankruptcy: | bonuses, tips Operating a business | \$000.00 | bonuses, tips Operating a business | \$0.0 |
| - | | Operating a business | | Operating a business | |
| | For last calendar year: | Wages, commissions, | s 28,891.13 | Wages, commissions, | ٥.0 |
| | (January 1 to December 31, 2019) | bonuses, tips Operating a business | ¥ | bonuses, tips Operating a business | \$0.0 |
| | YYYY | | | | |
| | For the calendar year before that: | ✓ Wages, commissions, | | ☑ Wages, commissions, | |
| | (January 1 to December 31, 2018 | bonuses, tips | \$30,057.25 | bonuses, tips | \$17,150.4 |
| | | Operating a business | | | |
| Did y Inclu unen gaml | you receive any other income during the defined income regardless of whether that incomployment, and other public benefit paymelling and lottery winnings. If you are filing | nis year or the two previone is taxable. Examplements; pensions; rental including a joint case and you have | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv | money collected from lawsured together, list it only once | uits; royalties; and |
| Did y Inclu unen gaml List e | you receive any other income during the defined income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each | nis year or the two previone is taxable. Examplements; pensions; rental including a joint case and you have | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv | nony; child support; Social S money collected from lawsured together, list it only once | uits; royalties; and |
| Did y Inclu unen gaml List e | you receive any other income during the defined income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each | nis year or the two previone is taxable. Examplements; pensions; rental including a joint case and you have | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv | nony; child support; Social S money collected from lawsured together, list it only once | uits; royalties; and |
| Did y Inclu unen gaml List e | you receive any other income during the defined income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 | ious calendar years? s of other income are alincome; interest; dividends; re income that you receive no not include income that | nony; child support; Social S money collected from laws ed together, list it only once it you listed in line 4. | uits; royalties; and under Debtor 1. |
| Did y Inclu unen gaml List e | you receive any other income during the defined income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each | nis year or the two previone is taxable. Examplements; pensions; rental including a joint case and you have each source separately. | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and | nony; child support; Social S money collected from lawsted together, list it only once t you listed in line 4. | uits; royalties; and under Debtor 1. Gross income from each source (before deductions ar |
| Did y Inclu unen gaml List e | you receive any other income during the defined income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income | ious calendar years? s of other income are alir come; interest; dividends; ve income that you receiv to not include income that Gross income from each source | nony; child support; Social S money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income | uits; royalties; and under Debtor 1. Gross income from each source |
| Did y Inclu unen gaml List e | you receive any other income during the de income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below. | ious calendar years? s of other income are alirecome; interest; dividends; we income that you receive no not include income that Gross income from each source (before deductions and exclusions) | nony; child support; Social S money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | uits; royalties; and under Debtor 1. Gross income from each source (before deductions are exclusions) |
| Did y Inclu unen gaml List e | you receive any other income during the defined income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions) \$ 3,300.00 | nony; child support; Social So | Gross income from each source (before deductions ar exclusions) |
| Did y Inclu unen gaml List e | you receive any other income during the de income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source. Fill in the details. | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below. | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions) \$ 3,300.00 \$ 700.00 | nony; child support; Social So | Gross income from each source (before deductions at exclusions) \$ 124.0 \$ 1,200.0 |
| Did y Inclu unen gaml List e | you receive any other income during the decincome regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source. Fill in the details. | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below. | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions) \$ 3,300.00 | nony; child support; Social So | Gross income from each source (before deductions ar exclusions) |
| Did y Inclu unen gaml List e | you receive any other income during the de income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below. | ious calendar years? s of other income are alir come; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions) \$ 3,300.00 \$ 700.00 | nony; child support; Social So | Gross income from each source (before deductions ar exclusions) \$ 124.0 \$ 1,200.0 \$ |
| Did y Inclu unen gaml List e | you receive any other income during the decincome regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | nis year or the two previome is taxable. Examplements; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below. 19 Fed Est Ref 19 CA Tax Ref | Gross income from each source (before deductions) \$ 3,300.00 \$ 700.00 | nony; child support; Social S money collected from lawst ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. EBT (Food Stamps) SSI | Gross income from each source (before deductions ar exclusions) \$ 124.0 \$ 1,200.0 \$ \$ 1,488.0 |
| Did y Inclu unen gaml List e | you receive any other income during the de income regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions) \$ 3,300.00 \$ 3,300.00 \$ 700.00 \$ | nony; child support; Social So | Gross income from each source (before deductions ar exclusions) \$ 124.0 \$ 1,200.0 \$ 1,488.0 \$ 14,400.0 |
| Did y Inclu unen gaml List e | you receive any other income during the decincome regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2019) | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 3,300.00 \$ 3,300.00 | nony; child support; Social So | Gross income from each source (before deductions ar exclusions) \$ 124.0 \$ 1,200.0 \$ \$ 1,488.0 |
| Did y Inclu unen gaml List e | you receive any other income during the decincome regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2019 | Debtor 1 Sources of income Describe below. 19 Fed Est Ref 19 CA Tax Ref 18 Fed Tax Ref 18 CA Tax Ref | Gross income from each source (before deductions) \$\frac{3,300.00}{5}\$ \$\frac{3,300.00}{5}\$ \$\frac{3,300.00}{5}\$ | nony; child support; Social So | Gross income from each source (before deductions ar exclusions) \$ 124.0 \$ 1,200.0 \$ |
| Did y Inclu unen gaml List e | you receive any other income during the decincome regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2019 YYYYY | nis year or the two previome is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below. 19 Fed Est Ref 19 CA Tax Ref 18 Fed Tax Ref 18 CA Tax Ref | Gross income from each source (before deductions and exclusions) \$ 3,300.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ | nony; child support; Social So | Gross income from each source (before deductions are exclusions) \$ 124.0 \$ 1,200.0 \$ \$ 1,488.0 \$ 14,400.0 \$ |
| Did y Inclu unen gaml List e | you receive any other income during the decincome regardless of whether that incomployment, and other public benefit paymeling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2019 | Debtor 1 Sources of income Describe below. 19 Fed Est Ref 19 CA Tax Ref 18 Fed Tax Ref 18 CA Tax Ref | Gross income from each source (before deductions) \$\frac{3,300.00}{5}\$ \$\frac{3,300.00}{5}\$ \$\frac{3,300.00}{5}\$ | nony; child support; Social So | Gross income from each source (before deductions are exclusions) \$ 124.0 \$ 1,200.0 \$ |

Patrick

Whalan Patrick Debtor 1 Case number (if known) First Name Middle Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other City State ZIP Code ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ■ Suppliers or vendors Other City ZIP Code State \$ ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other _ ZIP Code City State

Whalan

| ithin 1 year before you filed for bankruptcy, of siders include your relatives; any general partner rporations of which you are an officer, director, lent, including one for a business you operate as the chast child support and alimony. | rs; relatives of any person in control, o | general partners; properties of 20% or | partnerships of which more of their voting | h you are a general partner; securities; and any managing |
|--|---|--|--|---|
| No | | | | |
| Yes. List all payments to an insider. | D. C. C. | T. (1) | A | B |
| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | | \$ | \$ | |
| Insider's Name | | | | |
| Number Street | | | | |
| | | | | |
| | | | | |
| City State ZIP Code | | | | |
| | | \$ | \$ | |
| Insider's Name | | | | |
| Neural and Other at | | | | |
| Number Street | | | | |
| Number Street | | | | |
| | | | | |
| City State ZIP Code | lid you make any դ | payments or trans | sfer any property o | n account of a debt that benefited |
| City State ZIP Code thin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned. | ed by an insider. | Total amount paid | Amount you still owe | |
| City State ZIP Code thin 1 year before you filed for bankruptcy, dinsider? clude payments on debts guaranteed or cosigned. | ed by an insider. r. Dates of | Total amount | Amount you still owe | Reason for this payment |
| City State ZIP Code thin 1 year before you filed for bankruptcy, dinsider? clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City State ZIP Code thin 1 year before you filed for bankruptcy, do insider? Clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City State ZIP Code thin 1 year before you filed for bankruptcy, d insider? Clude payments on debts guaranteed or cosigne No Yes. List all payments that benefited an inside | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City State ZIP Code thin 1 year before you filed for bankruptcy, doinsider? Clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City State ZIP Code thin 1 year before you filed for bankruptcy, doinsider? Clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside Insider's Name Number Street | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| city State ZIP Code thin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned No I Yes. List all payments that benefited an inside Insider's Name Number Street City State ZIP Code | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City State ZIP Code thin 1 year before you filed for bankruptcy, dinsider? clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside Insider's Name Number Street | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| city State ZIP Code thin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned No I Yes. List all payments that benefited an inside Insider's Name Number Street City State ZIP Code | ed by an insider. r. Dates of | Total amount paid | Amount you still owe | Reason for this payment |

Patrick

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| | First Name Middle Name | Last Name | | | | |
|---------|--|----------------|--|---|--------------------------------------|---|
| m+ 1. | | - Deneseesia | and Fancalaci | | | |
| rt 4: | Identify Legal Action in 1 year before you filed for | | | | dministrativo proce | odina? |
| List al | Ill such matters, including per contract disputes. | | | | | |
| _ | es. Fill in the details. | | | | | |
| | | Natu | re of the case | Court or agency | | Status of the case |
| (| Case title | | | Court Name | | —— Pending |
| - | | | | Number Ottors | | On appeal Concluded |
| (| Case number | | | Number Street | | Concluded |
| | | | | City | State ZIP Code | |
| (| Case title | | | Court Name | | —— Pending |
| | | | | Countrianie | | On appeal |
| | _ | | | Number Street | | Concluded |
| (| Case number | | | | | |
| Checl | in 1 year before you filed for k all that apply and fill in the lo. Go to line 11. | details below. | s any of your property | City y repossessed, foreclosed | State ZIP Code d, garnished, attach | ed, seized, or levied? |
| Checl | k all that apply and fill in the | details below. | is any of your property Describe the prope | repossessed, foreclosed | | |
| Checl | k all that apply and fill in the lo. Go to line 11. | details below. | | repossessed, foreclosed | d, garnished, attach | Value of the property |
| Checl | k all that apply and fill in the lo. Go to line 11. | details below. | | repossessed, foreclosed | d, garnished, attach | |
| Checl | k all that apply and fill in the lo. Go to line 11. les. Fill in the information beloes. | details below. | | repossessed, foreclosed | d, garnished, attach | Value of the property |
| Checl | k all that apply and fill in the lo. Go to line 11. les. Fill in the information belonger. | details below. | Describe the prope Explain what happe Property was | repossessed, foreclosed | d, garnished, attach | Value of the property |
| Checl | k all that apply and fill in the lo. Go to line 11. les. Fill in the information belonger. | details below. | Describe the prope | repossessed, foreclosed | d, garnished, attach | Value of the property |
| Checl | k all that apply and fill in the lo. Go to line 11. les. Fill in the information belonger. | details below. | Explain what happed Property was Property was Property was Property was Property was | repossessed, foreclosed repossessed. foreclosed. garnished. attached, seized, or levied | d, garnished, attach Date | Value of the property |
| Checl | ck all that apply and fill in the lo. Go to line 11. es. Fill in the information belocker. Creditor's Name Number Street | details below. | Explain what happe Property was Property was Property was | repossessed, foreclosed repossessed. foreclosed. garnished. attached, seized, or levied | d, garnished, attach | Value of the property |
| Checl | ck all that apply and fill in the lo. Go to line 11. es. Fill in the information belocker. Creditor's Name Number Street | details below. | Explain what happed Property was Property was Property was Property was Property was | repossessed, foreclosed repossessed. foreclosed. garnished. attached, seized, or levied | d, garnished, attach Date | Value of the property \$ |
| Checl | ck all that apply and fill in the lo. Go to line 11. es. Fill in the information belocker. Creditor's Name Number Street | details below. | Explain what happed Property was Property was Property was Property was Property was | repossessed, foreclosed repossessed. foreclosed. garnished. attached, seized, or levied | d, garnished, attach Date | Value of the property \$ Value of the property |
| Checl | ck all that apply and fill in the lo. Go to line 11. es. Fill in the information belocker. Creditor's Name Number Street City | details below. | Explain what happed Property was Property was Property was Property was Property was | repossessed, foreclosed repossessed. foreclosed. garnished. attached, seized, or levied | d, garnished, attach Date | Value of the property \$ Value of the property |
| Checl | c. All that apply and fill in the lo. Go to line 11. des. Fill in the information below the content of the con | details below. | Explain what happed Property was Property was Property was Describe the proped Explain what happed | repossessed, foreclosed repossessed. foreclosed. garnished. attached, seized, or levied | d, garnished, attach Date | Value of the property \$ Value of the property |
| Checl | c. All that apply and fill in the lo. Go to line 11. des. Fill in the information below the content of the con | details below. | Explain what happed Property was Property was Property was Describe the proped Explain what happed | repossessed, foreclosed repossessed. foreclosed. garnished. attached, seized, or levied repossessed. foreclosed. garnished. attached, foreclosed. garnished. attached, seized, or levied repossessed. foreclosed. | d, garnished, attach Date | Value of the property \$ Value of the property |

Patrick

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| annua ur remae iu mane a davident deci | auge vou oweu a uept! | | |
|--|---------------------------------------|--------------------------|----------------------|
| counts or refuse to make a payment bec | , | | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | Date action | Amount |
| Creditor's Name | | was taken | |
| | | | \$ |
| Number Street | | | Ψ |
| | | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | _ | |
| editors, a court-appointed receiver, a cus No Yes | | | |
| 5: List Certain Gifts and Contribu | tions | | |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | Describe the gifts | | |
| per person | | Dates you gave | Value |
| | | Dates you gave the gifts | Value |
| | | | Value |
| Person to Whom You Gave the Gift | | | Value \$ |
| Person to Whom You Gave the Gift | | | \text{Value} \\$ \\$ |
| Person to Whom You Gave the Gift Number Street | | | \$\$ |
| Number Street | | | \text{Value} \$ \$ |
| | | | \$\$ |
| Number Street | | | \$\$ |
| Number Street City State ZIP Code | Describe the gifts | | \$ \$ Value |
| Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave | \$\$ Value \$ |
| Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$\$ Value \$ |

Patrick

| btor 1 | Patrick | | Whalan | Case number (if known) | | |
|--------|--|----------------|---|------------------------------------|----------------------|------------------------|
| | First Name Middle Name | Last N | ame | | | |
| | | | | | | |
| . With | nin 2 vears before you filed fo | r bankrupt | cv. did you give any gifts or c | ontributions with a total value | e of more than \$60 | 00 to any charity? |
| Ø | | | o,, a.a., oa g a, g o. a | | | ,, . |
| | No Yes. Fill in the details for each | gift or contri | hution | | | |
| _ | res. Fill lift the details for each | girt or cortin | bution. | | | |
| | Gifts or contributions to charitie | es | Describe what you contributed | | Date you contributed | Value |
| | that total more than \$600 | _ | | | contributed | |
| | | | | | | |
| | Charity's Name | | | | | \$ |
| | onanty o name | | | | | |
| | | | | | | \$ |
| | | | | | | |
| | Number Street | | | | | |
| | | | | | | |
| | City State ZIP Code | | | | | |
| | | L | | | 1 | |
| | | | | | | |
| art 6 | List Certain Losses | | | | | |
| | · | | | uptcy, did you lose anything | | |
| | Describe the property you lost a how the loss occurred | and | Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/E | e has paid. List pending insurance | Date of your loss | Value of property lost |
| | | | | | | • |
| | | | | | | \$ |
| Į. | | | | | | |
| .rt 7 | : List Certain Payments | or Tropo | foro | | | |
| art 7 | | | | | | |
| | hin 1 year before you filed for ı consulted about seeking baı | | | ing on your behalf pay or trar | sfer any property | to anyone |
| - | _ | | | ncies for services required in yo | our bankruptcy. | |
| | | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | | Description and value of any pr | onarty transferred | Date payment or | Amount of payment |
| | Ashton E. Dunn Esq | | Description and value of any pr | operty transferred | transfer was | Amount or payment |
| | Person Who Was Paid | | \$100E 00 | | made 9 | |
| | 139 N Balsam St Ste 13 | 00 | \$1265.00 | | <u>10/15/201</u> 9 | s 1,265.00 |
| | INUITIDEL SILEEL | | | | 10/13/2019 | φ1, <u>200.00</u> |
| | | | | | | \$ |
| | Ridgecrest CA | 93555 | | | | Ψ |
| | City State 2 | ZIP Code | | | | |
| | ashtdu@yahoo.com Email or website address | | | | | |
| | | | | | | |
| | Person Who Made the Payment, if Not | You | | | | |

Whalan

| | | | Description and value of any property | transferred | Date payment or transfer was made | Amount of payment |
|--|---|--|--|--------------------------|-----------------------------------|-------------------|
| Person Who Was Paid | | | | | | \$ |
| Number Street | | | | | | \$ |
| City | State | ZIP Code | | | | |
| Oity | State | ZIF Code | | | | |
| Email or website address | | | | | | |
| Person Who Made the Payr | ment, if No | ot You | | | | |
| ot include any payme No Yes. Fill in the details. | | ansier mat y | Description and value of any property | transferred | Date payment or | Amount of pa |
| CC Advising | | | Socompaint and value of any property | | transfer was made | 7 mileant of pa |
| Person Who Was Paid | | | \$9.76 | | | |
| 607 Numri St Number Street | | | | | 12/18/2019 | \$ |
| | | | | | | • |
| | | | tcy, did you sell, trade, or otherwise | transfer any propert | ty to anyone, other th | هan property |
| city in 2 years before yo sferred in the ordina de both outright trans | State ou filed ary cour sfers and ransfers | ZIP Code for bankrup rse of your I d transfers m | tcy, did you sell, trade, or otherwise ousiness or financial affairs? nade as security (such as the granting or already listed on this statement. Description and value of property transferred | of a security interest o | r mortgage on your pro | operty). |
| in 2 years before your sferred in the ordinate both outright transor include gifts and transor | State bu filed ary cour sfers and ransfers | ZIP Code for bankrup rse of your I d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | operty). |
| in 2 years before your sferred in the ordinate both outright transport include gifts and transport of the control of the contr | State bu filed ary cour sfers and ransfers | ZIP Code for bankrup rse of your I d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | operty). |
| City in 2 years before yo sferred in the ordinal de both outright trans ot include gifts and trans. Ves. Fill in the details. Person Who Received Trans. Number Street | State ou filed ary coul sfers and cansfers ansfers | ZIP Code for bankrup rse of your I d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | operty). |
| in 2 years before yo sferred in the ordina de both outright trans ot include gifts and trans of the control of | State ou filed ary coul sfers and cansfers ansfers | ZIP Code for bankrup rse of your I d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | operty). |
| in 2 years before your sferred in the ordinate de both outright transformation of include gifts and transformation. Person Who Received Transformation Street City Person's relationship to | State ou filed ary countries sfers and ansfers State State | ZIP Code for bankrup rse of your I d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | operty). |
| City in 2 years before yo sferred in the ordinal de both outright trans ot include gifts and trans. Ves. Fill in the details. Person Who Received Trans. Number Street | State ou filed ary countries sfers and ansfers State State | ZIP Code for bankrup rse of your I d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | operty). |

Patrick

| Debtor 1 | Patrick | | | Whalan | Cas | e number (if know | <i>(n</i>) | | |
|-----------------|--------------------|----------------|----------------|---------------------------------------|---------------|-------------------|--|----------|---------------|
| | First Name | Middle Name | Last Name | 3 | | , | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 19. With | hin 10 years be | fore you filed | for bankrupto | y, did you transfer any proper | ty to a self | -settled trust | or similar device of w | vhich yo | u |
| | | | | t-protection devices.) | , | | | , | |
| ✓ | NI. | | | | | | | | |
| | | | | | | | | | |
| | Yes. Fill in the o | ietaiis. | | | | | | | |
| | | | | Description and value of the prope | rty transferi | red | | Dat | e transfer |
| | | | | | , | | | | s made |
| | | | | | | | | | |
| | Name of trust | | | | | | | — | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part 8 | List Certa | in Financial | Accounts. I | nstruments, Safe Deposit | Boxes, a | nd Storage | Units | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | were any financial accounts of | or instrume | ents held in y | our name, or for your | benefit, | |
| | sed, sold, move | • | | | | | | | |
| | | | | other financial accounts; cert | | | res in banks, credit un | iions, | |
| | _ | , pension fund | is, cooperativ | es, associations, and other fir | ianciai ins | titutions. | | | |
| Ø | | | | | | | | | |
| ч | Yes. Fill in the | details. | | | | | | | |
| | | | | Last 4 digits of account number | Type of a | ccount or | Date account was | Last ba | alance before |
| | | | | | instrume | nt | closed, sold, moved, or transferred | closing | g or transfer |
| | | | | | | | or transferred | | |
| | Name of Financia | I Institution | | | п | | | | |
| | | | | XXXX | ☐ Check | - | | \$ | |
| | Number Street | | | | ☐ Savin | gs | | | |
| | | | | | ☐ Mone | y market | | | |
| | | | | | ☐ Broke | rane | | | |
| | City | State | ZIP Code | | Other | | | | |
| | | | | | U Otner | | | | |
| | | | | | _ | | | | |
| | Name of Financia | Unctitution | | XXXX | Check | king | | \$ | |
| | Name of Financia | institution | | | ☐ Savin | gs | | | |
| | Number Street | | | | ☐ Mone | v market | | | |
| | Number Street | | | | | | | | |
| | | | | | Broke | | | | |
| | | | | | Other | | | | |
| | City | State | ZIP Code | | | | | | |
| | | or did you hav | | ar before you filed for bankru | | | ox or other depositor | y for | |
| | urities, cash, o | r other valuab | les? | | | | | | |
| Ø | | | | | | | | | |
| Ч | Yes. Fill in the | details. | | | | | | | |
| | | | | Who else had access to it? | | Describe the | contents | | Do you still |
| | | | | | | | | | have it? |
| | | | | | | | | | ☐ No |
| | Name of Financia | Unctitution | | | | | | | ☐ Yes |
| | Name of Financia | 1 111501001011 | ١ | Name | | | | | |
| | Number 2 | | | | | | | | |
| | Number Street | | ١ | Number Street | | | | | |
| | | | | | | | | | |
| | | | Ō | City State ZIP Code | | | | | |
| | City | State | ZIP Code | | | | | | |

| Í No | | | | |
|--|--|---|--|------------------------------------|
| ■ No ■ Yes. Fill in the deta | ile | | | |
| les. Fill ill the deta | 115. | Who else has or had access to it? | Describe the contents | Do you st |
| | | | | have it? |
| | | | | □ No |
| Name of Storage Facili | ty | Name | | ☐ Yes |
| Number Street | | Number Street | | |
| | | | | |
| | | City State ZIP Code | | |
| City | State ZIP Code | | | |
| t O. Idontifi Dr | anants / Var. Hald | l or Control for Company Floo | | |
| | | l or Control for Someone Else | | |
| Do you hold or contro or hold in trust for so | | someone else owns? Include any pro | perty you borrowed from, are storing | for, |
| No | neone. | | | |
| Yes. Fill in the deta | ails. | | | |
| | | Where is the property? | Describe the property | Value |
| | | | | |
| Owner's Name | | - | | \$ |
| | | | | , |
| | | Number Street | | |
| Number Street | | Number Street | | |
| Number Street | | Number Street | | |
| | State ZIP Code | Number Street City State ZIP Co | ode | |
| City | State ZIP Code | - City State ZIP Co | ode | |
| City | | - | ode | |
| City | Is About Enviror | - City State ZIP Co | ode | |
| t 10: Give Detai | Is About Enviror | - City State ZIP Co | | ases of |
| t 10: Give Detai the purpose of Part 1 Environmental law me nazardous or toxic su | Is About Enviror 0, the following de eans any federal, st bstances, wastes, | City State ZIP Conmental Information finitions apply: ate, or local statute or regulation condor material into the air, land, soil, surf | cerning pollution, contamination, relea ace water, groundwater, or other med | |
| t 10: Give Detai the purpose of Part 1 Environmental law me nazardous or toxic su | Is About Enviror 0, the following de eans any federal, st bstances, wastes, | City State ZIP Conmental Information finitions apply: eate, or local statute or regulation cond | cerning pollution, contamination, relea ace water, groundwater, or other med | |
| t 10: Give Detainment of the purpose of Part 1 Environmental law mean azardous or toxic suncluding statutes or institute means any location. | Is About Enviror 0, the following de- eans any federal, st bstances, wastes, regulations control on, facility, or prop | city State ZIP Conmental Information finitions apply: tate, or local statute or regulation condor material into the air, land, soil, surfling the cleanup of these substances, erty as defined under any environmen | cerning pollution, contamination, relea ace water, groundwater, or other med wastes, or material. | ium, |
| t 10: Give Detail the purpose of Part 1 Environmental law menazardous or toxic suncluding statutes or toxic statilize it or used to ow | Is About Enviror 0, the following de eans any federal, st bstances, wastes, regulations control on, facility, or prop rn, operate, or utilia | City State ZIP Commental Information finitions apply: tate, or local statute or regulation condor material into the air, land, soil, surf ling the cleanup of these substances, erty as defined under any environmentate it, including disposal sites. | cerning pollution, contamination, relea ace water, groundwater, or other med wastes, or material. tal law, whether you now own, operate | ium, e, or |
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| t 10: Give Detail the purpose of Part 1 Environmental law me nazardous or toxic su ncluding statutes or i Site means any locatio atilize it or used to ow Hazardous material me substance, hazardous | Is About Enviror 0, the following de- eans any federal, st bstances, wastes, regulations control on, facility, or prop rn, operate, or utiliz eans anything an ea | city State ZIP Commental Information finitions apply: tate, or local statute or regulation condor material into the air, land, soil, surfling the cleanup of these substances, erty as defined under any environmental it, including disposal sites. | cerning pollution, contamination, relea ace water, groundwater, or other med wastes, or material. tal law, whether you now own, operate ous waste, hazardous substance, toxi | ium, e, or |
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| Yes. Fill in the details. | | | |
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| Name of site | | | |
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| | cial or administrative proceeding und | der any environmental law? Include settl | ements and orders. |
| No Yes. Fill in the details. | | | |
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| | Court or agency | Nature of the case | case |
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| | City State Your Business or Connections to | - | |
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Patrick

| | Patrick | | Whalan | | Case number | (if known) | |
|---------------------------|--|---|--|--|--|---|--|
| | First Name Middle Name | Last Name | | | | | |
| - | | 1 | Describe the nature of | the business | | Employer Identifica | ation number ial Security number or ITIN. |
| | Business Name | | | | | EIN: | |
| | Number Street | ı | Name of accountant or | r bookkeeper | | Dates business exi | isted |
| | City State | ZIP Code | | | | From | То |
| | only online | Zii Godo | | | | | |
| | nin 2 years before you file itutions, creditors, or othe | | , did you give a fina | ncial statement | to anyone ab | out your business | s? Include all financial |
| " | Yes. Fill in the details belo | ow. | | | | | |
| | | 1 | Date issued | | | | |
| | Name | i | MM / DD / YYYY | | | | |
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| Fill in this information to identify your case: | | | | |
|---|---------------------|------------------------------|------------|--|
| Debtor 1 | Patrick | | Whalan | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court fo | r the: Eastern District of C | California | |
| Case number | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| information below. | | |
|--|--|---|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the propert as exempt on Schedule C |
| Creditor's name: US Bank Home Mortg Description of property securing debt: Residence at 1240 S McCall St, Ridgecrest, CA 93555 | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. ☑ Retain the property and [explain]: Pay Mortg pursue modification options | □ No ☑ Yes |
| Creditor's name: US Bank - CRA Mgt Description of property securing debt: Residence at 1240 S McCall St, Ridgecrest, CA 93555 | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. ☑ Retain the property and [explain]: Pay Mortg pursue modification options | □ No ☑ Yes |
| Creditor's name: Description of property securing debt: | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No □ Yes |
| Creditor's name: Description of property securing debt: | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No □ Yes |

| Debtor 1 | Patrick | | | Whalan |
|----------|------------|-------------|-----------|--------|
| | First Name | Middle Name | Last Name | |

Whalan

Middle Name
Last Name
Case number (If known)

| Lessor's name: | _ |
|---------------------------------|-------|
| | ☐ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | ☐ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |

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| 01/1-//20 | | | 0430 20 10120 |
|---------------------------------|---------------------------|------------------------------|---------------------|
| Fill in this in | nformation to identify | your case: | |
| Debtor 1 | Patrick First Name | Middle Name | Whalan Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States I | Bankruptcy Court for the: | Eastern District of Californ | ia |
| Case number (If known) | | | |
| | | | |

| Check one box only as | directed in | this form | and i | n |
|-----------------------|-------------|-----------|-------|---|
| Form 122A-1Supp: | | | | |

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Column B

Column A

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

| D+ | 4 | |
|------|---|--|
| Part | 1 | |
| | | |

Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☑ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Debtor 1 | | Debtor 2 | |
|----|---|------------------------------|--------------------------------|----------|---------------|----------|------|
| 2. | Your gross wages, salary, tips, bonuses, overtime, and (before all payroll deductions). | d commissio | ons | \$_1,5 | <u>80.0</u> 0 | \$ | 0.00 |
| 3. | Alimony and maintenance payments. Do not include pay Column B is filled in. | yments from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| 4. | All amounts from any source which are regularly paid for you or your dependents, including child support. Including an unmarried partner, members of your household, you and roommates. Include regular contributions from a spous filled in. Do not include payments you listed on line 3. | clude regular our depende | contributions nts, parents, | \$ | 0.00 | \$ | 0.00 |
| 5. | Net income from operating a business, profession, or farm Gross receipts (before all deductions) | Debtor 1 \$0.00 | Debtor 2 \$0.00 | | | | |
| | Ordinary and necessary operating expenses - | - \$0.00- | - \$ <u>0.0</u> 0 | | | | |
| | Net monthly income from a business, profession, or farm | \$0.00 | \$0.00 Copy | \$ | 0.00 | \$ | 0.00 |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 \$0.00 | Debtor 2 \$0.00 | | | | |
| | Ordinary and necessary operating expenses - | - \$ <u>0.00</u> - | - \$ <u>0.0</u> 0 | | | | |
| | Net monthly income from rental or other real property | \$_0.00 | \$0.00 Copy | \$ | 0.00 | \$ | 0.00 |
| 7. | Interest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 |

| Debtor 1 | Patrick First Name Middle Name | e Last Name | Whalan | Case n | umber (if known) | | |
|----------------|--|---|--|------------------------|--------------------------|-----------------------------------|--|
| | | | | | umn A otor 1 | Column B Debtor 2 or non-filing s | |
| 8. Une | employment compensatio | n | | \$_ | 0.00 | \$ | 0.00 |
| | not enter the amount if you der the Social Security Act. | | | | | | |
| | For you For your spouse | | 2.22 | | | | |
| | nsion or retirement incom nefit under the Social Securi | | unt received that was a | \$_ | 0.00 | \$ | 0.00 |
| Do as | ome from all other source not include any benefits red a victim of a war crime, a cr orism. If necessary, list othe | eived under the Social Se me against humanity, or in | curity Act or payments re- nternational or domestic | ceived | | | |
| <u>n</u> | /a | | | \$_ | 0.00 | \$ | 0.00 |
| <u>n</u> | /a | | | \$_ | 0.00 | \$ | 0.00 |
| To | otal amounts from separate | pages, if any. | | + \$_ | 0.00 | + \$ | 0.00 |
| | culate your total current rumn. Then add the total for | | | \$_ | 1,580.00 | + | 0.00 = \$\(\frac{1,580.00}{monthly income}\) |
| Part 2 | 2: Determine Whethe | r the Means Test App | lies to You | | | | monuny meome |
| 12. Cal | culate your current month | - | · | | | | |
| 12a | . Copy your total current r | nonthly income from line 1 | 1 | | C | Copy line 11 here | → \$ <u>1,580.00</u> |
| | Multiply by 12 (the numb | er of months in a year). | | | | | x 12 |
| 12b | . The result is your annua | income for this part of the | form. | | | | 12b. \$_18,960.00 |
| 13. Cal | culate the median family | ncome that applies to yo | u. Follow these steps: | | | | |
| Fill | in the state in which you live | e. | CA | | | | |
| Fill | in the number of people in | our household. | .3 | | | | |
| | in the median family income | • | | | | | \$ <u>86,665.00</u> |
| To inst | find a list of applicable med tructions for this form. This I | an income amounts, go or ist may also be available a | nline using the link specifi t the bankruptcy clerk's o | ed in the se ffice. | parate | | |
| 14. Ho | w do the lines compare? | | | | | | |
| 14a | Line 12b is less than of Go to Part 3. | or equal to line 13. On the t | op of page 1, check box | 1, There is i | no presumpti | on of abuse. | |
| 14b | Line 12b is more than Go to Part 3 and fill or | line 13. On the top of page at Form 122A–2. | e 1, check box 2, The pre | sumption of | ^f abuse is de | termined by For | rm 122A-2. |
| Part 3 | 3: Sign Below | | | | | | |
| | By signing here, I decla | are under penalty of perjury | that the information on t | his stateme | nt and in any | attachments is | true and correct. |
| | /s/Patrick Wha | lan | 3 | c | | | |
| | Signature of Debtor 1 | | | Signature | of Debtor 2 | | |
| | Date 12/31/2019 MM / DD / YY | <u></u> | | Date | I/ DD /YYY | <u>Y</u> | |
| | If you checked line | 14a, do NOT fill out or file | Form 122A–2. | | | | |
| | If you checked line | 14b, fill out Form 122A-2 a | and file it with this form. | | | | |

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| In re | PATRICK WHALAN | Case Number: | | | | |
|----------|--|--|--|--|--|--|
| | | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR | | | | |
| | Debtor(s) | | | | | |
| th: | ursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I cer at compensation paid to me within one year before the filing of the ervices rendered or to be rendered on behalf of the debtor(s) in cost of follow: | e petition in bankruptcy, or agreed to be paid to me, for | | | | |
| | For legal services, I have agreed to accept | | | | | |
| | Prior to the filing of this statement I have received | | | | | |
| | Balance Due | \$_0.00 | | | | |
| Th | ne source of the compensation paid to me was: | | | | | |
| √ | Debtor Other (specify) | | | | | |
| Tł | ne source of compensation to be paid to me is: | | | | | |
| √ | Debtor Other (specify) | | | | | |
| √ | I have not agreed to share the above-disclosed compensation associates of my law firm. | with any other person unless they are members and | | | | |
| | I have agreed to share the above-disclosed compensation with my law firm. A copy of the agreement, together with a list of th attached. | | | | | |
| In | return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| a. | Analysis of the debtor's financial situation, and rendering advict bankruptcy; | e to the debtor in determining whether to file a petition in | | | | |
| b. | Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; | | | | | |
| c. | Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; | | | | | |
| d. | Representation of the debtor in contested bankruptcy matters; | | | | | |
| e. | [Other provisions as needed] | | | | | |

6.

+

| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. | | | | |
|---|-----------------------|--|--|--|
| | | | | |
| 10/15/2019 | /s/Ashton E. Dunn | | | |
| Date | Signature of Attorney | | | |

CERTIFICATION

Law Office of Ashton E Dunn 121 S China Lake Blvd Ste A Ridgecrest, CA 93555

Name of Law Firm